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LECTURES

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ST. GEORGE'S HOSPITAL,

IN THE SESSION 1843-44,

BY

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Complicated fistula in ano. Presence of several sinuses. Fistulæ in which the external orifice is not to be found. Fistulæ without external orifice. Fistulæ communicating with the vagina. Fistula in perineo.

GENTLEMEN,—I concluded the last lecture by speaking to you of the mode of performing the operation for fistula in ano where that fistula is of the simplest kind. But I now come to consider what is to be done in a case of fistula attended with some complication.

The external orifice of the fistula is sometimes at a considerable distance from the verge of the anus, perhaps two or three inches, and in some cases it is as far off even as the buttock. You may, if you please, perform the operation in the same manner. You may pass the probe in at the outer orifice along the fistula into the rectum, feel for the end of the probe in the bowel, and then divide the whole. This, however, is a very serious operation, and a very painful one; you may have considerable hæmorrhage, and under any circumstances there is a very large surface that is to be healed by granulation. But the fact is this extensive division of parts is really not necessary, and it may be avoided by proceeding in the following manner:—Introduce what I may call the probe-director through the external and internal orifice of the fistula, in the way I have described, and then feel for the probe at some little distance—we will say three-quarters of an inch from the anus. Having felt the probe in that situation, which you may generally do with great ease, with a lancet or double-edged scalpel make an opening through the skin and the adipose substance leading down to the groove of the director. You thus make a new external orifice to the fistula; you then withdraw the probe, pass it into the new orifice you have made, through that into the sinus, and then into the rectum. You then bend the probe, bring out the extremity at the anus, and with a pair of knife-edged scissors, divide the parts that lie over the director, and thus you obtain all that is wanted by a very small division of the soft parts. The fistula is prevented healing by the fæces escaping into it from the rectum and lodging in the narrow channel. Without some such cause as this the whole fistula would heal at once. It is true that the external extremity of the fistula remains undivided, but the fæces cannot pass into it, and in a very short time it heals spontaneously. The internal part is made an open sore; which must be dressed from the bottom, and it heals in the usual manner.

The matter, however, may have burrowed and made many sinuses—a sinus in one direction, and a sinus in another. Sometimes these complicated sinuses are confined to one side of the gut; in other cases they are formed on both sides of it. Before you proceed to the performance of an operation in these cases you must examine the patient very carefully, and it is very probable that three or four examinations will be required before you can ascertain the exact state of the parts sufficiently to guide you in the operation. Introduce the forefinger of the left hand into the gut; then examine the different sinuses, and ascertain whether there is one or more internal communications with the rectum. It very often happens that where there are several sinuses external to the gut, communicating with each other, there is one that is the original sinus, and which has an opening into the bowel. But sometimes there may be a double communication, and then your business is, if possible, to ascertain which is the original sinus, and to lay that open in the way I have already explained, while the others very often need not be touched at all. If the original sinus be made an open sore the fæces will not pass into the secondary sinuses, and there will be nothing to prevent them from healing.

I have stated that very often it is unnecessary to open more than a single sinus, but there are exceptions to that rule; for there

may be sinuses in which the matter lodges, and from which the matter that is formed does not freely escape. These sinuses require to be laid open, not for the purpose of preventing the fæces lodging in them, but on account of the secretion of the sinus itself, just as sinuses anywhere else, from which matter does not freely escape, may require to be freely opened.

I have already stated that if you conduct your examination carefully, and look for the internal orifice of the fistula in the right place, just immediately above the sphincter muscle, you will scarcely ever fail to find it; that if you do not succeed on the first occasion, you will on the second or third. But sometimes the opening is so small, and the sinus takes such a circuitous course, that even after two or three examinations you cannot find it. This will occur sometimes, not very often, and what is then to be done? Perhaps if you were to delay the operation still longer you might discover it, but the patient grows uneasy and impatient at the cure not being completed, and is anxious for something to be done. You must then do what Mr. Pott recommends to be done on all occasions, and which, though a bad practice on all occasions, is a good one sometimes. An artificial opening must then be made into the gut, and you must use the probe-director, or a common probe-pointed bistoury, just as you please. With the forefinger of one hand in the rectum, to assist you, you must, with the instrument, whichever you use, perforate the membrane of the gut some way above the sphincter muscle, and then divide the sinus. But this is, after all, a very unsatisfactory way of doing the operation, and you may rest assured that if you make an artificial opening and fail to find the real and original opening, in three cases out of four you will be plagued afterwards. You have made an artificial opening, but the original one remains, and you go on dressing the sore; but there is a little infiltration of fæces and mucus into it that prevents it being healed. When you have to make an artificial opening in the way I have stated I advise you to do something more. Having made the artifical opening, and laid the fistula open into the gut, take a straight probe-pointed bistoury, introduce it into the rectum, turn its cutting edge outward, divide the sphincter muscle, and set that completely at liberty. No large division of parts is necessary for this purpose, but having set the sphincter muscle completely at liberty you will scarcely have any trouble in the healing of the sinus. This is better than merely laying open the sinus, into the gut where you cannot find the internal orifice; but it is not so good as the operation where you can find it, because you have more bleeding, you give the patient more pain, and there is a larger wound to heal. I may, however, take this opportunity of mentioning that, although the bleeding from the division of the sphincter muscle is considerable at the time, yet it is never dangerous, because it is within reach. Probably, you may see the vessel that is divided, and can secure it by a ligature; but if not, a dossil of lint, dipped in a styptic lotion, laid on the part, and kept there by the finger of an assistant for half an hour, will always stop it.

I mentioned in the last lecture two classes of cases in which the fistula has no external orifice. In one of these there is a small internal opening, and the fæces having penetrated the cellular membrane external to the gut, an abscess has been formed which has burst into the rectum by another opening. In these cases, by making pressure externally, you may generally feel where the matter is lodged. One day the bag is empty, another it is full. Take the opportunity when it is full, and you can feel where it is situated, to make a puncture into it with a lancet, and having so done you reduce it into the state of a common fistula, except that there are two internal openings into it instead of one. You then introduce the probe into the rectum and divide the fistula in the usual manner. You must, if you can, discover both the internal openings, and let them both be included in the incision that you make.

I stated that there was another case in which there was an ulcerated cavity in the neighbourhood of the rectum having no external communication, and where the orifice was originally not like a pin-hole, as in common cases, but sufficiently large to admit the end of the little finger. The ulcer has gone on until it has made a considerable cavity by the side of the gut, having no external opening; and here you are to proceed in the following manner:—The broad internal opening is always close to the sphincter muscle, and at the back part just opposite to the os coccygis. You must be provided with a probe, bent like the one on the table. The probe is to be passed into the rectum, and then drawn down again, so that the point may enter the ulcerated cavity. The point of the probe is felt under the skin; the skin must be punctured with a lancet, and you then introduce the probe-director through the aperture and divide the fistula in the usual manner. [The lecturer illustrated these operations by means of a diagram.]

Now, there is another form of fistula of the rectum that requires very especial notice. I cannot better explain what I mean than by mentioning the following case:—There was a middle-aged lady who had an abscess formed in front of the rectum. I imagine that it arose, in the usual manner, from ulceration of the gut. The abscess burst close by the posterior margin of the vagina, and appeared just like a common fistula. She consulted a surgeon, who inadvertedly treated it as such, and laid it open

into the gut. But what was the consequence? He divided both the sphincter ani and the sphincter vagina, and the wound never perfectly healed. She was in the condition of a patient with lacerated perineum, and all the rest of her life was liable to an involuntary discharge of fæces, of course making her life miserable. I saw this case some twenty-five years ago, and it was, as you may suppose, a lesson to me ever afterwards. It is not very often that abscesses of the rectum do burst in this situation; I have only seen a few examples of it, but the case I have mentioned was sufficient to show me that some peculiar mode of treatment was necessary. How is such a case to be treated? I have seen two or three cases of this kind of fistula since, without having an opportunity of following up the treatment, and no such opportunity occurred till last year. A lady consulted me with a fistula communicating with the rectum in front, and opening externally just at the beginning of the vagina. I merely made a free division of the sphincter muscle on both sides so as to set it completely at liberty. I dressed the cut edges of the sphincter muscle, and it was a good while before it regained its complete usefulness. That was just what I intended. The discharge from the fistula immediately became very much diminished; it continued gradually diminishing, and when I last saw her, which was some few months after the operation, it appeared to me that the fistula was soundly healed. Why is it that the fæces get so readily infiltrated into the internal orifice of the fistula? Because there is an obstruction to their passage occasioned by the sphincter muscle. I divided that muscle, removed that obstruction, and the fæces escaped so easily that they did not get into the internal orifice of the fistula. I was led to adopt this plan of treatment from the course pursued by Mr. Copeland in another case. He says that he was consulted by a lady who had an ulcerated opening between the rectum and the vagina. He divided the sphincter muscle, set it completely at liberty, and after the lapse of some time the recto-vaginal communication was closed, and at last firmly cicatrised.

Having stated how these fistulous sinuses are to be laid open, let me say a few words about the dressing. First of all, if the operation be done in a proper manner, there is very little in general to dress—it is only a narrow sore that remains to be dressed. Do not cram it with lint; all that is necessary is, to put a little lint between the edges to prevent them prematurely healing. The parts about the rectum are very often a little longer in healing, and it may be worth while to dress them with red precipitate ointment. When the parts are beginning to granulate you may hasten their cicatrisation, and the formation of new skin, by touching them lightly over with the nitrate of silver. It is very seldom necessary, except in complicated cases, to dress the fistula for any length of time; a few days' dressing is very often quite sufficient. As soon as the cut edges are skinned over the dressing is hardly necessary, and it will save both you and the patient a good deal of trouble merely to touch the surface of the sore lightly every other day with the nitrate of silver. When the edges are fairly skinned over, the rest will skin over sooner without the dressing than with it. If you cram the part full of lint you occasion the patient a great deal of pain. I am sure that sometimes, from too much lint being crammed in, the matter does not freely escape, it burrows in the cellular membrane, and makes a fresh sinus.

There are some cases in which abscesses occur about the rectum, which may be confounded with that particular disease I have just described, and I shall explain them in order that you may draw the distinction between them. An abscess sometimes forms in an external pile. The patient has an external pile; it inflames and suppurates, and on going to him you find the abscess just on the point of bursting. You open it and let out perhaps a teaspoonful or more of matter, but on passing in a probe it will not go up by the side of the gut. This is a very troublesome sort of abscess, it is very painful, the patient can hardly bear to go to the water-closet, and he has pain in passing the last drops of urine.

The treatment is very simple. You cure it at once radically by snipping off the external pile, abscess and all, with a pair of curved scissors.

The same thing will sometimes happen with an internal pile. The patient has an internal pile, inflammation takes place in it, an abscess forms and bursts externally, and you can pass a probe into the abscess in the inside of the pile. Here, also, the best way is, if the pile be small, to snip it off with a pair of scissors, or if it be not small to tie it with a silk thread round the base, and destroy it by ligature. I may here mention an error into which you will be liable to fall if you be not on your guard against it. When you introduce a probe into an abscess formed in an internal pile it very easily breaks down the slender wall of the abscess, and runs into the cellular substance under the mucous membrane. The cellular tissue offers so little resistance to the probe that it may pass in any number of inches between the mucous membrane and the muscular tunic without your being aware of the circumstance. I remember a case many years ago where a surgeon of great eminence in this town laid open what he thought was a sinus of two or three inches in length into the rectum. I am satisfied, from what I remember of the case and have since seen, that it was an abscess formed in an internal pile,

and that what he supposed to be a sinus was neither more nor less than a space he had made himself by running the probe into the loose cellular texture.

It is necessary, in the very great majority of cases, to lay the kind of sinuses to which I have alluded completely open into the rectum; and I presume that it is from the analogy to fistula here that some surgeons have been led to think that this operation was necessary for all kinds of fistulous sinuses. I remember some very good surgeons in this town who used to think it was requisite to open what is termed a fistula in perineo in this manner. There can be no greater error. A fistula in perineo is the same as a fistula in ano, except that it communicates with the urethra behind a stricture, whereas a fistula in ano communicates with the rectum above the sphincter muscle. The fistula in perineo is the result of some of the urine passing in from the urethra, and to lay it open will do no good, for it will not prevent the escape of urine going on. But this may be accomplished by dilating the stricture, and, in nineteen cases out of twenty, all that you have to do is, to dilate the stricture. Generally, by the time the stricture is dilated, the urine, finding a readier passage forward than it does through the ulcerated opening, it will not pass into the latter, and the fistula is usually healed by the time the stricture is dilated. If it be not completely healed by that time you have only to keep the stricture dilated for a considerable period by the introduction of an instrument every day, or every other day, and the fistula in perineo will at last heal. If it be a large opening it will take some months to heal, but still it heals spontaneously. There is only one kind of case in which it is necessary to lay open a fistula in perineo, and that is, where there is a sinus in the perineum into which the urine escapes, but which is so situated that neither the urine nor the matter secreted in the sinus can find egress. If there be a fistula in perineo under these circumstances it may require to be opened.

There are some fistulous sinuses that exist in the groin in connection with disease in the glands of the groin. Surgeons formerly supposed that these required to be laid open like a fistula in ano. They do require to be opened where matter lodges in them and cannot escape, or, at any rate, a counter-opening will be necessary; for there is no disposition to heal unless the matter escapes as fast as it is secreted; but the mere laying open of the fistula will not cause it to heal, it will only prevent it extending. What hinders the fistula in the groin from healing? The diseased gland at the bottom of it. If you wish the fistula to heal you must destroy the diseased gland, or bring it into a healthy condition. Sometimes it may be necessary to dissect out the gland or to destroy it by a powerful escharotic; but in the greater number of cases, if you attend to the general health, the diseased gland recovers itself; and so soon, and no sooner, will the sinus in the groin heal.

The same observation applies to fistulæ that are connected with dead bone. A fistulous sinus leading down to dead bone does not heal because there is dead bone in the bottom; but if the dead bone comes away then the fistula will heal. It is needless to lay open the fistula to inject stimulating liquors into it, or to do anything till the dead bone has been removed. All that it is worth while to do is, if matter lodges in it to make a counter-opening by which it may escape.

HOSPITAL FOR THE CURE OF DEFORMITIES.

COURSE OF LECTURES

ON THE

DEFORMITIES OF THE HUMAN FRAME.

BY

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Delivered at the Orthopædic Institution, Bloomsbury-square, in 1843.

LECTURE XII.

Rachitic Distortions. Rachitis in general. Genua valga. Treatment.

RACHITIC DISTORTIONS.

We have this day to consider those serious deviations from the normal form peculiar to rachitis, or rickets, and those less considerable distortions which are regarded as incidental to a debilitated condition of the system. It is not my intention, in this lecture, thoroughly to discuss the pathology of rachitis, as that would occupy too large a portion of the time at our disposal, but I shall consider so much of the subject as will enable you to understand the mode of production of deformity and the indications of treatment. You will perceive that an important character of rickets is that of softening the framework of the system, hence a collapse of certain parts, a sinking of others beneath the superincumbent weight, and a liability to alteration from the natural shape through the action of the muscles attached to them. I include in this category the deformities supposed to arise from debility, as this condition of system is in some of its effects allied to rachitis. Certain deformities that are supposed to arise from improper attitudes and vicious positions of the limbs, may, with equal propriety, be here considered.

As medical practitioners, you will frequently observe infants, born perfectly sound

and presenting every appearance of health, who, about the period of dentition or that of weaning, suffer from gastro-intestinal derangement, and, in spite of abundance of food, become debilitated, and at the period when children usually attempt to walk are observed to make no use of their limbs. You can readily understand that in these cases the effect of the gastro-intestinal disturbance is to impair the digestion and assimilation of food, the maintenance of the structure, and the growth of the several parts of the animal economy.

You will also meet with infants, robust at birth, becoming debilitated as their age increases, in consequence of the poorness of the milk received from the parent, produced either by derangement of health, through luxurious and improper habits, and perhaps through constitutional debility as among the rich, or from insufficient food and other causes, as among thousands of the poorer mothers of this metropolis. Whatever be the remote cause of the debility in question, the proximate cause, imperfect assimilation of food and nutrition of the frame, is the same. This form of debility may reach so considerable a degree as to constitute a true cachexy. It is not my purpose to enter into a detailed consideration of the opinions entertained respecting the mode of operation of the causes of rachitis compared with the influence of the same causes in the production of tuberculous and other cachexiæ. I may, however, remark that an interesting field for research is offered by rachitis to the organic chemists, and it is not improbable that we are on the eve of the discovery of the true nature of the deterioration that the blood undergoes in this disease.* Now, although we do not understand the intimate nature of the disorder of assimilation, it has long been known that in rachitis the osseous system undergoes a series of morbid changes, characterised, in the first instance, by deficiency of calcareous matter, hence diminished firmness. This is ultimately succeeded by morbidly increased calcareous deposit, unnatural density, and bulk, with the conditions technically denominated *eburnation*. If rachitism occur so early in infantile life that the bones have never become perfectly ossified, an arrest of their development may be said to have taken place, but if it occur at a later period, removal of the calcareous matter already deposited is supposed to ensue, and the bones undergo softening. In the great majority of instances, perhaps in every instance, the rachitism consists in arrested development. I do not remember having witnessed a case that has satisfactorily been proved to have originated subsequently to complete ossification.

But rachitism is not solely a disease of the osseous system; its effects are, in this system, more obvious, and have been longer noticed. My own opinion is, that every tissue of the frame is involved in the loss of *tone* and firmness,—the bones, ligaments, the involuntary and voluntary muscles and their appendages, the membranes, the glandular organs. We cannot doubt the evidence of our senses, respecting the organs within reach of sight and tact; and should we not anticipate that those more remotely situated, the nervous system, for example, are similarly affected. In truth, we should regard the greater number of cases of chronic hydrocephalus as manifestations of rachitis. We possess the solution of the reason of the universality of rachitism in the deterioration and the poverty of the blood in some of the ingredients essential to the proper growth of the frame. I would willingly dwell a few moments longer on this topic, as I conceive the attentive watching of the early stage of rachitism, the precursory signs of rachitic deformities, especially important to the medical practitioner. The treatment of rachitic deformities is a successful department of orthopædy, but you will be better satisfied if, on the appearance of the precursory signs, you should be enabled to prevent deformity.

Rachitic deformities rarely become the subject of attention before the child attains the age of twenty months or two years, and sometimes you will not be consulted until much later, whereas the precursory signs, consisting of slightly enlarged head, weakness of the back, pallid face, flabby though bulky limbs, tardy dentition, tumid abdomen, with continued slight derangement of the stomach or bowels, manifest themselves from the sixth to the twelfth month. Soon the wrists begin to enlarge, the ribs to flatten, the abdomen becomes protuberant, the tibiæ become curved, and the child remains incapable of standing. This is the second stage of rachitis, in which deformity

* Since the delivery of the above lecture, Dr. Little was shown by M. Guerin, at Paris, a series of preparations and drawings intended for the illustration of an elaborate and valuable work about to be published on this subject. M. Guerin has artificially induced rachitism in domestic animals, by subjecting them to the influence of an unsuitable diet, and has arrived at the conclusion that rachitis results from *improper* food, tubercular disease from insufficiency. This opinion is very plausible, and, if correct, is calculated to lead to improvement in the management of infants, and prevention of rachitis. In the absence of the detailed reasons on which M. Guerin's opinion is founded, it may still be asked whether improper food does not act in the manner described in the above lecture, by disturbing the digestive functions and inducing results identical with those of insufficient nourishment.

is already apparent. In the next stage more numerous articulations become distorted, the inner ankles sink beneath the weight of the body, the curvature of the leg bones increases, the knees project inwardly, and "knock together," the thigh bones curve forwardly, flexion of the pelvis upon the thighs, and lordosis or curvature forwards of the lumbar vertebræ, ensue.

The disproportion between the bulk of the abdomen and the thorax now reaches its maximum, the first is double or treble the natural size, the thorax exceedingly small, the sides of the chest flat, or even greatly indented. The sternum is often projected forwards, or its lower extremity with the cartilages of the left ribs elevated, marking the unwillingness of the heart to bear compression. Indeed, the pulsations of this organ are often visible over a large extent of surface. In extreme cases the clavicles, the humeri, and the bones of the forearm, are curved to a considerable extent. The upper portion of the vertebral column often suffers, but this subject I shall leave until I treat of spinal curvatures. You will not wonder that with this amount of impeded development and deformity, the stature of the individual should be very diminutive. Here are models of the entire frame of rachitic individuals at several ages, in which you perceive the various distortions I have enumerated. Here is one of an individual, nineteen years of age, less than four feet in height, and here another, of a boy, aged eight years, thirty inches only.

I shall now proceed to describe the principal rachitic distortions for which you may be consulted, and add a few remarks on the general treatment of rickets. The distortions of the upper extremity do not seriously affect the functions of those parts, and therefore seldom merit any special treatment. The most frequent rachitic deformity of the lower extremity, and that which more often attracts attention, is that popularly denominated *knock-knees, in-knees*, and described by professional writers under the name of genua valga. The various models before you will illustrate the numerous grades of this affection, which consists, as the popular designation implies, of an inward inclination of the knees. A single knee may be slightly affected, or the deformity of one knee may reach an extreme degree, the leg being everted almost to a right angle with the thigh, the opposite member remaining straight; or when both knees are affected, one of them (usually the left) is more severely distorted than the others, as in this model (fig. 24). A slight grade of this deformity may present itself as early as the age of twelve or fifteen months; it sometimes diminishes so considerably with increasing general strength, that it ceases to attract attention, or the limb entirely recovers. It is, however, often considered to

Fig. 24.

Genua Valga, or In-knee.

be cured, when an attentive examination demonstrates the traces of its existence. When neglected, the deformity increases gradually, great difficulty in locomotion is experienced, and it often becomes in time quite impossible. I have been consulted concerning many patients with the highest grade of this affection, in whose early infancy their parents were assured the "weakness" and deformity would spontaneously subside, that the children "would grow out of it." I advise you not implicitly to trust to nature in these cases. When once the straight line of the limbs is to any considerable extent destroyed by this inward inclination of the knees, the assistance of art is imperatively required for its relief. The affection commences by relaxation of the ligaments and muscles surrounding the articulation; the inside of the knee is less protected than the outer side, hence an inward yielding. This is accompanied either with almost imperceptible curvature of the leg-bones, or with extreme curvature, as in this model (fig. 25),

Fig. 25.

and often with inward inclination of the ankle. The internal condyle of the femur becomes very prominent, and sometimes disproportionately enlarged, whilst the development of the external condyle is impeded. The head of the tibia also appears unusually large. Sometimes its internal surface is merely prominent, at other times a remarkable projection, quite angular, like that of a badly united fracture of the tibia, is

observed two or three inches beneath the internal and upper edge of this bone. After considerable duration of the deformity certain fibrous tissues on the external or concave side of the joint become contracted, and undergo structural shortening. These tissues consist principally of the biceps flexor cruris muscle, the attachment of the vastus externus to the head of the tibia, and the external lateral ligaments of the knee.

A deformity, precisely similar in form, is frequently witnessed in youths who have been too early employed at occupations requiring much standing or walking. I have, for the most part, witnessed this form of affection in shop and errand-boys, printers, smiths, &c. Constant standing in one position is more prejudicial than even undue walking. Occasionally, it arises from a sprain, a fall, or other accidental injury of the knee. Genua valga may coexist with every other rachitic deformity. The knees sometimes incline outwardly; or genu valgum may exist, which, by its pressure against the opposite knee, may occasion an outward yielding of the member, as in this model.

Treatment.—General medicinal and dietetic treatment is essential in this, as in every rachitic deformity, so long as the rachitic cachexy exists, but when the constitutional debility is removed, and you have the resulting deformity only to treat, you will depend on the remedies specially directed to the removal of the abnormal form. These mostly consist of mechanical instruments; and occasionally tenotomy may be available.

In the treatment of the incipient stage of this affection there are three indications to be held in view; 1, the removal of the constitutional derangement on which the rachitism depends; 2, to remove the superincumbent weight of the body, which tends to increase the deformity; and, 3, to effect straightening of that already existing.

The first indication may be effected by administration of preparations of iron and iodine, removal to a purer atmosphere, country air, or the seaside, by greatly restricting the child in the quantity of fluids drank, by encouraging the use of animal food. I may remark that rachitic children, or those not actually rachitic, but weakly, usually take much fluid, and are very averse to animal food. Sometimes a moderate allowance of wine and water, or of diluted malt liquor, may be recommended. Occasionally, gentle laxatives may be needed. The ponderous abdomen may be much lessened, and the functions of the alimentary canal much benefited by adjusting a proper bandage to the abdomen. The support thus given to the abdomen prevents the great distention of the alimentary tube, and enables the child better to maintain an erect position. It is further useful by limiting abdominal and exciting thoracic respiration, a circumstance of much importance, as it contributes to the removal of the flattening of the ribs.

The second indication may be fulfilled either by the child not being permitted to endeavour to walk, or by affording mechanical support for the purpose of facilitating exercise. When the tendency to deformity is considerable and the child very young, or confirmed rachitism exists, you will find that although the child instinctively endeavours to support itself, so much general debility exists that you may advantageously recommend that the erect posture be not for a moment permitted, that the child may be constrained to amuse itself on the floor. Carriage-exercise in the open air should be resorted to as often as the weather may permit. But after infancy is past the difficulty of restraining a child from attempting to walk becomes insuperable; the rachitic cachexy is probably diminishing, the members becoming stronger, still, when erect, a considerable yielding of the joints presents itself. The question arises, will you still prevent this child from taking exercise? You know, from experience, that if the knees bend out of the straight line the deformity tends to increase, and before the rachitism will have completely subsided, before the bones, ligaments, and muscles will have acquired the natural strength, structural shortening of certain structures on the outer side of the articulation will have ensued, so that before the time the constitutional disorder is at an end the deformity will have become confirmed. Exercise in the open air is so important a means of improving the general health of these patients, that the propriety of adapting mechanical support to the limbs, and thus enabling the child to profit by the air, will suggest itself to you. You must weigh the advantages and disadvantages of mechanical support. My experience enables me to affirm that the benefit of proper mechanical support is so considerable that you should unhesitatingly have recourse to it at this stage of the disorder. I am daily consulted in cases of severe genua valga, in which the use of mechanical supports had been, in my opinion, indicated, but omitted from vague fears of their injuring the growth of the limbs. No one would approve of encasing the limbs of a healthy child in irons any more than the administration of mercury or arsenic to of persons in good health; but in neglected genua valga, of a certain severity, the increase of the deformity is certain, and more often mechanical means will afterwards be required when they can no longer so effectually assist. The skill of the instrument-maker is here available.

The third indication, that of removing any contraction and structural shortening, or permanent deformity, should be accomplished by bandaging common straight splints on the outside of the knees; these

should be worn night and day, and removed at certain times for the sake of cleanliness, for the use of frictions with manipulations directed to the maintenance of a flexible state of the articulations, otherwise the joints will become rigid, and much pain be produced in the restoration of mobility. In severe cases common splints will not suffice, you should then use irons attached to shoes.

I have mentioned that this deformity occasionally occurs in adolescence, and cases present themselves that have existed since infancy. The shortening and rigidity of the tissues on the outer side of the knee are often so unyielding that you may ineffectually devote months to the mechanical treatment. In these cases you may accelerate the *cure* by subcutaneous section of the biceps tendon, the inferior termination of the vastus externus, and the bands of fascia in this situation. A great improvement speedily succeeds the operation. After cicatrisation the mechanical treatment should be pursued with the same diligence as necessary without the operation. In a few weeks all resistance to straightening will be removed. Mechanical support is required for one or two years afterwards, until the articular surfaces have become adapted to the change in their relation, and until the debilitated muscles have acquired strength. There are numerous cases illustrative of the treatment, with or without operation, and among the out-patients you may occasionally have an opportunity of examining former patients, who come to acquaint us of the permanency of their cure. In the next lecture I shall consider rachitic *curvatures* and flat-foot.

REMARKS ON THE

EFFUSION OF BLOOD

INTO THE

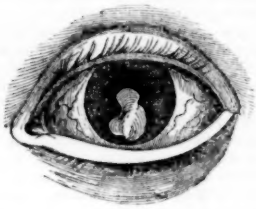
ANTERIOR CHAMBER OF THE EYE.

By Holmes Coote, Esq., Surgeon to the North London Ophthalmic Institution.

Injuries to the eye are frequently followed by extravasation of blood. These may take place either between the conjunctiva and sclerotica, or in the anterior chamber, according to the situation of the vessels injured. Strictly speaking blood is effused in these cases in the posterior chamber also, but in so small a quantity as not to be generally noticed when describing these accidents. The German authors have applied (improperly, I think) the term hæmophthalmos to this condition of the eye, calling the one external, the other internal hæmophthalmos. It seems to me unadvisable to bestow a distinct appellation upon the *effect merely* of an accident. We have already a too ample supply of hard names in ophthalmic surgery, without unnecessarily extending the list.

I shall confine the present remarks to effusions of blood in the anterior chamber.

This is generally caused by some sudden sharp blow, or penetrating wound, or it may occur from some vessel giving way during an inflammatory attack. The accompanying drawing, taken by my friend and colleague, Mr. W. W. Cooper, from a case under his care, exhibits a large extravasation of blood from some of the vessels of the iris, that gave way during an attack of acute inflammation of that membrane.



When violence is done to the eye the blood flows immediately upon, or very shortly after, the receipt of the injury. The patient, for some seconds, is unable to open his eye, and upon doing so finds that he cannot see. The anterior chamber may be completely filled by the extravasated blood, the heavier part of which speedily subsides to the bottom as a mass of darkish-coloured coagulum. It is by no means uncommon to find both pupil and iris completely concealed from view, when, of course, vision is lost for the time.

Formidable as this appears to be, we rarely find any evil consequences resulting, excepting such as are dependent upon the primary violence inflicted upon the organ.

The anterior chamber does not very readily inflame. The membrane of the aqueous humour possesses great absorbing as well as secreting powers, and can remove a very considerable amount of effused fluid in a very short space of time. Many surgeons are in the habit of regarding these accidents in a serious light, and seem to imagine that they require the immediate abstraction of blood in large quantities, and the administration of mercury in such doses as rapidly to affect the system, and with no small surprise did I find that Professor Yüngken, of Vienna, in his "Treatise on Diseases of the Eye," allude to the fact of its being sometimes necessary to make an opening into the anterior chamber through the cornea, so as to evacuate the mass of blood. "Sollte die Resorption des extravasirten Blutes nicht gelingen, &c., dann eröffne man die Geschwulst mit der Lanzette wie einen abscess und entleere das Extravasat."—(Vid. Jüngken. Seite, 779.)

Any one who followed this advice would

make the discovery, that no blood would flow when such an opening was made, and surely any addition to the violence already inflicted is unjustifiable. The truth is we may content ourselves with doing little in these cases. When we are satisfied that the structure of the eye is not seriously damaged, we may rest assured that the simple extravasation of blood is an evil easily remedied. A moderate cupping or leeches should there be pain. A few doses of opening physic, attention to diet, rest, and a cold lotion, are all the measures ordinarily required. Should inflammation of any tissue subsequently arise, it must be treated in the usual way.

The habit of resorting to mercury at once in these cases is to be strongly condemned, for the simple reason that such a step is wholly unnecessary. No one ever thinks of mercurialising a patient in whom a portion of a cataract, after solution, has slipped into the anterior chamber. On the contrary, the surgeon feels no uneasiness, but is sure that absorption will go on infinitely more quickly than would be the case were that portion of the cataract left in its normal position.

I am strongly inclined to believe that the quality attributed to mercury, of promoting absorption, has been considerably exaggerated, and that its power is confined to controlling inflammatory disturbance in the smaller vessels, and thus preventing further effusion. The absorbent vessels, in their natural state, are active enough of themselves.

In the present case, however, nature decides the question as to the propriety of giving mercury. Absorption commences so rapidly after the receipt of the injury that no time is allowed for mercurial action. Within twenty-four hours a diminution of the coagulum may sometimes be remarked. Within forty-eight hours the iris may be partially brought to view again, and at the expiration of a week, perhaps, no trace of the injury may remain except a few streaks or stains of blood on the anterior surface of the iris.

The following case came under my care October 23, 1843:—A boy, twelve years of age, received a sharp blow upon the left eye, from a small coin that another boy was whirling round, attached to a piece of string. He could not open his eye for some time afterwards, but upon doing so he found himself blind of that eye. Pupil and iris completely hid from view; complains of pain across the forehead. Ten leeches to the left temple. Senna draught. Cold lotion.

24 (day following) it was found that a large mass of the extravasated blood had been absorbed; the upper margin of the pupil exposed to view. At the end of a week a few dark streaks upon the anterior surface of the iris alone indicated any injury. Vision was perfect.

The following case was treated by a friend:—W. L., fourteen years of age, whilst trying to discharge a small cannon in play, received a blow on the globe of the left eye from its recoil. The whole anterior chamber was filled with blood; pupil and iris, of course, invisible.

Nov. 28. Cupping to ten ounces immediately. A pill of calomel and jalap.

℞ *Chloride of mercury*, a grain and a half;

Opium, one-third of a grain. Mix, for a powder, to be taken every four hours.

29. Some pain felt about the brow; a little sickness; anterior chamber still filled with blood.

30. Iris visible in parts. Some streaks of blood upon its anterior surface. A wound of the sclerotica remarked to-day. Within a fortnight the anterior chamber was clear. The mercury was discontinued, no effect having been produced either upon the gums or upon the alimentary canal. Vision nearly perfect.

Let it not be imagined that the question whether mercury should be given or no is a slight one. Those who have been salivated feel its effects for years, and I may conclude by remarking, that of all remedies mercury is that the administration of which should be closely restricted just to those cases where it is imperatively called for, and to no others.

Argyle-street, Jan. 9, 1844.

CASE OF COLLECTION OF FÆCES IN CÆCUM,

AND SUBSEQUENT INFLAMMATION.

To the Editor of THE LANCET.

SIR,—The accuracy of my diagnosis and treatment in the following case having been questioned, I shall feel much obliged by your inserting it in the pages of THE LANCET:—

March 2, 1843, I was requested to see Miss Druddridge, ætat. 21, of plethoric constitution, and very sedentary habits; she had been complaining for several weeks of dull, heavy pain, extending from the groin upwards to the lumbar region, and had some difficulty in walking, inclining forwards with a peculiar limp in her gait. Bowels habitually costive, seldom being relieved more than once in two or three days. At the time of my visit her skin was hot and dry; tongue foul; pulse 130, and wiry. On examining the abdomen I found considerable distention, especially towards the right iliolumbar region, corresponding to the seat of pain, which confirmed me in the opinion I had first formed of the existence of a large quantity of hardened fæces in the cæcum and colon, producing irritation and inflammation of a subacute character in the parts conti-

gnous. Powerful purgatives having failed in relieving the bowels of their enormous load, I prescribed bleeding, followed by full doses of calomel and opium, and subsequently mild laxatives, which, on the third or fourth day, effected the evacuation of an immense quantity of scybalæ, some of very large size. The pain was now much relieved, and the general appearance improved.

Suspecting the existence of an abscess I now directed an accurate measurement of the hips to be made, from the spine to the symphysis pubis, when the right hip and side were found to be much larger and rounder than the left, to the extent of six inches; the iliac region also presented diffuse, though defined, swelling, which extended downwards towards Poupart's ligament, and conveyed a distinct impression to the hand when the patient was made to cough; reclining on her back with the knee raised and bent, afforded most relief from pain, which the erect posture and walking invariably brought on. The treatment now adopted consisted of small doses of blue pill, slightly affecting the gums; iodide of potassium 3ss, three times a-day; cupping over the lumbar and superior gluteal regions; bleeding from the arm whenever plethoric symptoms presented themselves, and purgatives, under which her general health improved greatly, and the swelling rapidly diminished. Towards the latter end of April she was quite convalescent, entirely free from pain, and could walk with freedom considerable distances, all trace of the swelling having disappeared. I ordered a continuance of the medicines to prevent a reaccumulation of matter, but my advice was neglected.

On the 15th of May, after a day of unusual exertion, a recurrence of the symptoms took place; she was suddenly seized, on getting out of bed, with acute and violent pains in the right groin, extending to the region of the lumbar muscles, with a partial return of the swelling to the extent of a couple of inches, accompanied by great fever and general uneasiness, quick, hard, and wiry pulse (130); skin hot and dry; great jactitation. Saw her at one, p.m., and bled her to approaching deliquium, which was productive of immediate relief. Ordered a full dose of colomel and opium, to be repeated every hour, with tartarised antimony every two hours, until free from pain.

16. Reaction having come on, the bleeding was repeated, which she bore well; omitted the calomel and opium, and administered a purgative, and subsequently an anodyne, which procured a good night's rest.

17. Much relieved; all acute symptoms entirely absent. Continue the medicines at longer intervals. The swelling once more subsided, leaving the integuments over the ilio-lumbar region of the right side in a very flaccid state, and in marked contrast to those on the left.

18. By desire of her step-father, Dr. Campbell was called in consultation at four, p.m. My patient, who had remained in bed in expectation of our visit, appeared to be then in excellent spirits, and seemed to have regained an extraordinary degree of strength since the preceding day.

Dr. Campbell, finding no abscess existing, entered into an argument at the bedside of the patient, and flatly denied that it ever could have existed, his chief reason being the absence of acute pain, which, he said, was always one of the symptoms of lumbar abscess; and, again, that an abscess could not have been absorbed in so short a time. I resigned the case into his hands. The lady is now well. I remain, Sir, your obedient servant,

C. Carter, M.D.,
Licentiate of the Royal College of Surgeons of Edinburgh.

January 8, 1844.

DR. HUTCHINSON AND THE WATER-CURE.

To the Editor of The Lancet.

Sir,—I hope you will not refuse me the opportunity of making a few remarks on the case reported in your Journal of the 13th instant, by Dr. Hutchinson, of Nottingham, entitled by him a case of "cold-water murder," which I have only just read.

Granting that the particulars of the case are correctly reported, and that the cause assigned by Dr. Hutchinson was the actual cause of its fatal termination, it is far from warranting the denunciations which he has founded on it upon the whole body of what he terms the "well-educated" hydropathic practitioners. Surely it would not be considered a reasonable ground for attacking the whole medical profession as murderers, were some imprudent invalid to hasten his own death by an unadvised abuse of drugs. Such cases are not unfrequent in occurrence, and are properly regarded as instances, not of medical quackery, but of the lamentable weakness of judgment induced by illness. Now, the case recorded by Dr. Hutchinson is precisely of the same nature in its reference to hydropathy as the cases in question are in reference to other modes of treatment.

He seems to have entirely overlooked the real cause of death. It appears that the patient had been drinking large quantities of water, and scrupulously abstaining from drugs and stiumulants for four months, without any professional advice. Finding himself getting worse, he calls in a surgeon, who is subsequently aided by Dr. Hutchinson. In their combined wisdom, they give him "stimulants, opiates, effervescing medicine,

prussic acid, tincture of sesquichloride of iron, beef-tea, brandy with soda-water (not *salt*), creosote, and small portions of solid food," "as frequently as the state of the stomach would permit"!! The consequence of this treatment is that the original symptoms "continued with little or no improvement," but, in addition, "*the stomach became very irritable*," *and rejected all its contents*. After ten days of this judicious stimulation, the patient died, as might be expected, and almost the only morbid appearance detected on post-mortem examination, was "*the mucous membrane of the stomach injected from the effects of the vomiting*."

Can it be doubted that the patient died from poisoning, and that the immediate cause of death was inflammation of the stomach? It appears that the vomiting ceased some time before death, and Dr. Hutchinson imagined its cessation was attributable to his having "frequently" administered "one drop of creosote." Can he possibly be ignorant of the well-known fact that vomiting almost invariably ceases, in such cases, some hours before death, and that its cessation indicates the gradual departure of vital energy, which repeated doses of creosote would be exactly calculated to hasten?

Dr. H. must be strangely incompetent to practise his profession, if he pours in drugs and stimulants, with such precipitate rashness, upon a stomach which long abstinence from them had rendered peculiarly susceptible to their injurious influence, and where, consequently, especial caution ought to have been observed in their administration. I have met with many instances of this unnatural irritability of the stomach, in patients who had pursued a course of the water-cure.

In conclusion, I have only to remark that I trust I shall have awakened Dr. Hutchinson to a more charitable feeling towards his professional brethren, in having directed his grave attention to his own remark, that this case was "striking in its course, *and fearful in its termination*." I am, Sir, your very humble servant,

JAS. FREEMAN, M.D.

Cheltenham, January 18, 1844.

*** As we always wish to give all parties a fair hearing, we have inserted without delay the above letter, as also that of "Non-Hydropathicus." We have been unavoidably obliged to omit many passages of Dr. Freeman's letter, as we cannot make our Journal a medium for personal attack.

THE WATER-CURE.

To the Editor of THE LANCET.

SIR,—As a constant reader of your Journal, I take the liberty of putting one question to Dr. Hutchinson. What precept does he wish to enforce by the publication of his case? Does he regard it as at all bearing upon the merits of hydropathy? Assuredly not. It only shows the imprudence of the person who lost his life by the untimely and improper use of what is stated by one of the physicians whom Dr. Hutchinson has such a horror of—one of those who have taken the trouble to investigate the facts relating to hydropathy—that it is a strong and *dangerous* remedy in the hands of *unskilful persons*.

If Dr. Hutchinson were present at the post-mortem of a person who had died from an overdose of prussic acid, what conclusion would he come to? To be consistent, he would at once avow his horror of a remedy so dangerous to life, and stigmatise those gentlemen who, after long and patient investigation, had found it a most valuable remedy, as quacks—or more.

Dr. Hutchinson is evidently "moved" by the true professional horror of any innovation upon old-established rules of treatment, and in his hurry to show his disgust at such an absurdity as hydropathy, and in his haste to consign it "to the contemptuous tomb of all the Capulets," has, instead, only perpetrated a *non sequitur*.

Apologising for the length of my letter, I have the honour to be, Sir, your very obedient humble servant,

NON-HYDROPATHICUS.

January 16, 1844.

LETTER FROM DR. H. BENNET ON AUSCULTATORY SOUNDS.

To the Editor of THE LANCET.

SIR,—On referring to THE LANCET of the 25th of November, and on comparing with the original the quotation from your editorial article on auscultation contained in my paper of the 6th instant, I find that I have to plead guilty to the charge of imperfectly quoting the passage I alluded to. The omission complained of in your last number was made by me quite inadvertently; indeed it can only be considered an error of the pen, inasmuch as in my subsequent remarks on the indistinctness of certain *valuable* auscultatory phenomena, I evidently combated the assertion contained in the original paragraph which runs thus: "Every sound yielded by auscultation, *that is worth one straw of confidence*, is, to a well-organised and well-trained ear, as distinct, although not so loud, as the stroke of St. Paul's bell." The words marked in italics are those which I unintentionally omitted.

As regards the question at issue, I still contend that *all* sounds yielded by auscultation in disease are valuable, whether distinct or indistinct, as they *all* have a pathological meaning. But some are valuable to nearly

all auscultators, and others only to the experienced few, who, by dint of experience and study, have acquired an acuteness of aural perception, and a knowledge of the symptoms of disease which, enable them to hear and analyse sounds which are so slight, so *indistinct*, as not to be recognised by those who are less familiarised with auscultation. It is the sounds produced by advanced disease that are *generally* distinct, as distinct as the strokes of St. Paul's bell, and that are to be heard by all "who have a well-organised and well-trained ear." Those produced by incipient disease, on the contrary, are the *indistinct* ones, the sounds consequently which, according to your energetically expressed opinion, are of no value.

For my part I believe that the ear and intellect may, by long-continued application, and by that only, become so familiar with all the physiological and pathological modifications of the sounds produced in the lungs and heart, that the slightest, the most indistinct, change may be heard and mentally recognised. I further believe that disease may thus be diagnosed in its earlier stages, in those stages when, as I have before said, there are no other means of coming to a correct diagnosis, and yet when a correct diagnosis may be the means of saving a valuable life.

Having, in my former paper, fully illustrated the above proposition, I shall not intrude any further on your space, but conclude by again expressing my hearty concurrence in all the *other* remarks on auscultation contained in your late editorial articles. I remain, Sir, your obedient servant,

HENRY BENNET, M.D.

Cambridge-square, Hyde Park,
January 20, 1844.

SYRUP OF SENNA.

To the Editor of THE LANCET.

SIR,—It is now more than five years since a medical friend gave me a bottle of Mr. Freeman's concentrated syrup of senna, and which lay unnoticed in my surgery until within the last six months, when the illness of one of my children induced me to make use of it, and I found it produce the most satisfactory results; I have, in consequence, since used it frequently in a variety of cases, and it has uniformly proved so agreeable a purgative, and at the same time so certain in its operation, that I deem it an act of justice to its proprietor, as well as a duty to my professional brethren, to request your insertion of my opinion of its merits in your valuable Journal, and to recommend your readers to make a trial of it, assured as I am that they will find it, as I have done, an invaluable remedy, particularly in the diseases of women and children, for which it appears to me admirably adapted. I remain, your obedient servant,

JOHN WETHERFIELD.

Henrietta-street, Covent-garden.

P.S. I have not the recipe for making this preparation, but I believe it to be merely a concentrated infusion, rendered sweet and agreeable by the addition of sugar and aromatics.

MIDDLESEX HOSPITAL.

EMPLOYMENT OF ELECTRICITY AND ELECTRO-MAGNETISM IN POISONING BY LAUDANUM.

To the Editor of THE LANCET.

SIR,—I beg leave to transmit to you the following particulars relating to two persons who were brought into the hospital under the denomination of "poison cases;" the first of which was really one, the second had all the appearances of being so, both from the symptoms that presented themselves and from strong circumstantial evidence.

Both cases were treated alike; the first recovered perfectly, the latter one died; and it was by means of the post-mortem examination that the real cause of her decease was discovered to be in that change of structure in the kidneys known as "Bright's disease."

With reference to the former I will observe, that a square-built, stout man (G. Freegrove), aged 54, was brought here at three o'clock in the morning of the 14th of September last, having taken an ounce and a half of laudanum the preceding evening, at half-past nine o'clock. In the first instance I ordered the administration of the stomach-pump, at which period, to all appearances, he was a lifeless corpse: the pupils were contracted to a pin-hole in size; the pulse was intermitting, and not more than 40; the respirations convulsively performed at intervals of half a minute; the face livid, and the extremities bluish and cold. After the stomach had been relieved of its contents, green tea, with ammonia, was injected therein; flagellation with thin splints and wet towels, the cold douche, turpentine stupes and sinapisms to his calves and abdomen, were applied in succession, without the least improvement in his condition. The bladder was relieved of six or eight ounces of light-coloured urine by the catheter. I then thought of a most powerful remedy, which was attended with extraordinary success; I allude to the electro-magnetic battery, conjointly with electricity, which was set to work upon him soon after four o'clock. The pulse became more steady, firm, and frequent; the respirations more indicative of resuscitation. Our powerful electrical machine was now got into full play before a large fire, and the

jar filled, when some brilliant sparks and strong shocks were occasionally passed through his head, spine, thorax, and abdomen. None of these means roused him, beyond throwing the whole body into violent and convulsive succussions and muscular contortions. After an hour's hard work, in which the son of the patient exerted himself most indefatigably, the man suddenly aroused up, with something like the following exclamation:—"Hollo! you rascals, what are you trying specimens on me for? I wish you'd let me alone." At this moment he opened his eyes and looked wildly about him, and though he evidently did not recognise the person of his son, yet he knew his voice, and asked him for his clothes to put on, which he said were in the next room, whilst the poor son was so affected by the sudden change from apparent death to comparative consciousness, that he turned aside and gave expression to his feelings by bursting into tears. After this the patient relapsed a little, and another shock was given him from time to time, which, when it was directed to the tip of his nose, excited his frame and his anger too, above all spots, for he instantly broke out into such remonstrances as these:—"What are you about, you set of beasts! You are only keeping me here to try your specimens upon me. I want to go, and you shan't keep me either, you unfeeling brutes! You are like savages, pulling a man about in this way," &c.

This work went on until after seven o'clock, when I considered him so much better as to place him in the ward in charge of the nurse and his son, and he walked home from the hospital the following day, quite well and very sulky.

I now proceed to the second case, that of a corpulent widow, about 40 years of age, from Rathbone-place, who was brought here by the police on the 5th of December, at four o'clock, p.m., under very similar circumstances, being found in her bed at six o'clock, a.m., in a state of perfect insensibility, which had continued ever since. The female, her companion, who slept in the next room, stated that she had taken, in the course of the night, about three ounces of laudanum. The pulse, however, was slow, but regular; the respirations irregular and convulsively performed, about six and eight in a minute; the pupils were contracted, but not so much so as in the previous case. The treatment was precisely the same, except that we could not succeed in emptying the stomach, though we injected green tea and ammonia by means of a large catheter and an elastic-gum bottle. She died four hours and a half after her admission, or fifteen hours from the period when she was discovered to be in this state.

On informing you, Sir, of this case, I received your order for examining the body, which I accordingly did about eighteen hours after death. The left hemisphere of the brain was flatter and not so fully developed as the right, otherwise there was no structural disease or lesion of this organ. The contents of the thorax were healthy, the lungs gorged with black blood, and loose coagula of black blood in both ventricles of the heart. The mucous membrane of the stomach was softened, and easily torn away by the nail; it contained only the green tea which had been injected.

Having made the examination, I came to the conclusion that the deceased had not destroyed herself by laudanum. I left the body, and it was sewed up for the coroner and jury, when, having pondered the case over, the conviction was brought to my mind that in the kidneys might be discovered the real cause of the lady's death. I lost no time, therefore, in getting the body reopened, and in removing the kidneys, when, to my astonishment, and, I may say, great satisfaction, I found them to present a striking specimen of that disease known as "Bright's kidney," in its second stage; they emitted that peculiar rank, suffocating smell, not unlike game in a state of putrefaction, and which I have frequently noticed before in cases of poison from "ischuria renalis." The bladder was firmly contracted and not larger than a walnut, and was even smaller than the uterus. This fact, I may observe, I noticed on the first day's examination.

It was now clear to my mind that the deceased had died from renal apoplexy, or as authors term it, ischuria renalis, a disease which has been so ably described by Sir Henry Halford, in a paper read before the Royal College of Physicians, and quoted by Dr. Watson, in his recently published and valuable lectures on the practice of physic, from which work I shall take the liberty of quoting a case exactly corresponding to that of the deceased.

"A very corpulent robust farmer, of about 55 years of age, was seized with a rigor, which induced him to send for his apothecary. He had not made water, it appeared, for 24 hours. But there was no pain, no sense of weight in the loins, no distention in any part of the abdomen; and, therefore, no alarm was taken till the following morning, when it was thought proper to ascertain whether there was any water in the bladder, by the introduction of the catheter, and none was found. I was then called (says Sir Henry), and another inquiry was made, some few hours afterwards, by one of the most experienced surgeons in London, whether the bladder contained any urine or not, when it appeared clearly that there was none. The patient sat up in bed and conversed as usual, complaining of some nausea, but of nothing material in his own view; and I remember that his friends expressed their surprise that so much importance should be attached to so little apparent illness. The patient's pulse was somewhat slower than usual, and

sometimes he was heavy and oppressed. I ventured to state (continues the author) that if we should not succeed in making the kidneys act, the patient would soon become comatose, and would probably die the following night, for this was the course of the malady in every other that I had seen. It happened so; he died in thirty hours after this, in a state of stupefaction."

Before I conclude, I must mention, as a fact of the case worthy of notice, that the shocks of electricity produced a faltering of the pulse and diminution of the vital powers, instead of rallying them, as was the case with the man.

I would leave these hints regarding this powerful therapeutical agent for your consideration, and that of any medical gentleman who may be connected with the Royal Humane Society, or other similar institutions.

I beg leave also to add, that during my residence in this hospital I have received several dozens of patients who had fallen down in what were called fits of insensibility, or apoplexy, but in all of which the same appearances which I have just described were visible after death; and in this instance my mind was strongly carried away from the consideration of such a disease existing by reason of the positive assertions of her friends that she had taken laudanum; whereas it appeared on the inquest that this drug, which was kept in several bottles by her, was only used as a liniment on her loins, to relieve the severe pains she felt there and in her head, for which cause she often said to her niece, who slept with her, that she should one day certainly go mad. It was fully proved by the niece that she had never taken laudanum, though the pain had been unusually great on the night (December 4) of her last attack of headach. These facts will, I think, appear worthy of attention. I have the honour to be, Sir, your faithful servant, GEORGE CORFE.

December 8, 1843.

P.S.—I had not quite concluded this letter, when I was called upon by a professional gentleman, Mr. J. Ince, of Lower Grosvenor-place, Pimlico, who has been the medical attendant to this lady for many years past, and was on intimate terms with her; he had attended her for dropsy, accompanied with highly albuminous urine, two years ago. Mr. Ince has obligingly allowed me to add these particulars to the remarks which I told him I was going to publish. This gentleman informed me that he suspected the deceased to be labouring under Bright's kidney, and that, from her intemperate habits, it would, sooner or later, prove fatal to her, which induced him to call upon me to hear the result of the post-mortem examination. I ought to correct the term widow, as it appears that the deceased was a married lady.

ROYAL FREE HOSPITAL,
GRAY'S-INN-LANE.

VICARIOUS MENSTRUATION FOLLOWING AN ACCIDENT TO THE FINGER. REMOVAL OF THE FINGER, &c.

P. LUSANOT, ætat. 17, a delicate young woman, of strumous diathesis, was admitted under the care of Mr. Gay, June 16th. In the month of August, 1842, she accidentally chopped off a portion of the index-finger of the left hand. From a want of surgical interference the integuments retracted and closed around the bone, leaving its extremity exposed. She had not menstruated during the previous three years (the cause of the cessation of the menstrual function being unknown), but in November the stump poured out, in the course of two or three days, a considerable quantity of dark fluid, resembling menstruous discharge, and continued to do so at intervals of a month, until the time of her admission. At the University College Hospital, where she had been for several weeks, the usual means were tried in order to effect a restoration of the uterine function, but without the least success. As the protruded bone appeared to be in a diseased and ulcerated condition, and the integuments towards the extremity of the stump had also an unhealthy aspect, Mr. Gay deemed it advisable to remove the remainder of the finger, which was accordingly done on the 22nd of June, by cutting through the metacarpal bone. The usual discharge from the finger had just taken place, and the local symptoms of excitement which accompanied it had subsided, yet during the operation an unusual number of arteries bled freely, and several ligatures were required in order to stem the hæmorrhage. In the removed portion of finger the bone was found to be spongy and very vascular, and the dorsal arteries large. The only impediment to the healing of the wound was the occurrence of slight hæmorrhage, of a venous character, on the second day after the operation, which was checked by the use of cold water. One ounce of the compound steel mixture was directed to be given three times a day, and an aloetic pill, with the use of the hip bath, each night.

On the 15th of July, up to which time the patient had gone on well, she complained of pain from the shoulder to the hand, with a sense of throbbing along the course of the large vessels, and the head begun to swell. A dozen leeches were applied to the pubic region, and a brisk aloetic purgative given to her; but the pain continued, the radial and ulnar arteries pulsated vigorously, the extremity became hot, the fingers rigidly flexed, and the hand fearfully distended, the integuments assuming a dark-bluish tinge. On the following day another dozen of leeches were applied to the legs, and saline aperient medicines substituted for the steel

mixture, until the excitement shall have passed away. Under this treatment the symptoms began to subside, and by the 31st the hand and arm had regained their usual size, and their vessels resumed their healthy action. The steel mixture was now resumed, with the addition of fifteen grains of ergot of rye to each dose; and the palm of the hand having been carefully padded with cotton wool, and laid with the fingers on a hand-splint, the extremity was swathed with narrow bandages from the tips of the fingers and thumb to the shoulder.

On the 16th of August, after an interval of freedom from pain, it returned in the shoulder, and the symptoms of the previous month began to show themselves. Dry cupping was immediately performed over the loins, and injections of warm milk, with the strong solution of ammonia, in the proportion of a drachm and a half of the latter to a pint, were ordered to be thrown into the vagina night and morning. The pains continued until the 20th, but no swelling took place; this appeared to be prevented by the bandages, which were kept accurately and constantly applied, and the period passed away without any other disturbance.

On the 30th the bandages were removed, the arm and hand became œdematous in the course of a few hours, but the œdema subsided on the renewed application of the bandages.

In September the pains were felt in the arm. On the 11th and on the 14th the patient suffered severely from the tension of the whole limb, which she said was so great that she feared it would burst the bandages asunder. She was dry-cupped again on the loins, her strength not being such as to justify the abstraction of blood. The pain became now transferred to the back of the neck, to which part the cupping-glasses were applied on the 15th, with signal relief, and from this period the symptoms again declined. The injections produced a sensation of heat and prickling in the os uteri and over the pubic region, but, together with the usual emmenagogue remedies proved inadequate to restore the uterine functions.

The young woman now wished to go into the country, and left the hospital for that purpose, promising to continue the use of the bandages, and to return if any untoward symptom should show itself; since that period she has not visited the institution.

The treatment pursued in the foregoing case was suggested by the conviction that if a metastasis of the effort, which in the diseased finger appeared to supersede normal menstruation, could be effected to the uterus, its function would be restored; but that towards bringing about such a metastasis the usual emmenagogue remedies would be of little or no avail unless their employment was preceded by a removal of the diseased finger-stump, which not only furnished an opportune channel for the vicarious discharge, but was also a powerful agent in diverting the menstrual effort from its appropriate organ. There could not be discovered, from examinations which were made, any physical causes why the uterus should have suspended its menstrual function; nor why the employment of the various remedies which were used did not prove successful in restoring it, especially since it was obvious that the menstrual effort, or "vis," was in a condition of periodical activity in the system. Probably the change of air and other circumstances may in due time do for the young woman what the contents of the materia medica appear to be incapable of effecting.

PARALYSIS OF THE HAND AND WRIST CURED BY STRYCHNINE.

J. W., ætat. 29, applied as an out-patient on the 20th of June. She had suffered from severe headach for many weeks, accompanied with tinnitus aurium, and great sense of lassitude. On the 19th (the preceding day) she suddenly, whilst engaged in some trifling act, lost all control over the wrist-joint, hand, and fingers. There were no apparent indications of increased arterial excitement, except a slight jerking of the pulse.

Mr. Gay directed her to lose twelve ounces of blood by cupping from the back of the neck, and to be purged with the saline aperient mixture, and a calomel pill of three grains at bedtime.

23. Head slightly relieved; bowels opened; less jerk in the pulse, but no improvement in the extremity. A blister to the back of the neck, to be dressed with savine cerate. Bitter infusion and aperient mixture, equal parts; a wineglassful three times a day.

39. Head much better, very slight uneasiness remaining; appetite good; bowels regular; hand quite useless.

July 11. She has continued her medicines; kept the blister open; bathed the extremity daily in warm salt and water, and followed the bath by friction, but no relief to the palsy has taken place. Strychnine, one-twelfth of a grain, three times a day. Blister allowed to heal.

18. She reported that after taking the first pill she suffered from convulsive movements of various parts of the body, accompanied with partial unconsciousness. These symptoms continued for about three hours, and returned, but with gradually-diminished violence, after each dose of the strychnine. The effect, however, in the paralysed hand, was very marked, for she began to regain her usual control over it after the first pill, and *this* led her to continue to take the medicine, although its effects appeared to be of so formidable a nature.

Aug. 4. The use of the hand completely restored.

Several cases have lately presented themselves at the Royal Free Hospital, in which, as in the foregoing instance, paralysis (after the exciting cause has been removed by appropriate treatment), whatever that cause might have been, has yielded to the influence which strychnine undoubtedly possesses over the motor nerves.

SUDDEN DEATHS—USEFUL PRECAUTION.

To the Editor of THE LANCET.

SIR,—The untimely fate of Mr. David Rees, comedian, suggests the recommendation that those who come under the class of "apoplectic subjects" should not use high bedsteads unless protected by a rail, which could be easily contrived to put on or remove at pleasure. For when they make any movement, such as sitting up to cough or spit, and overbalance themselves, the sudden perpendicular descent causes a violent rush of blood to the head, which immediately extinguishes life. I call ordinary bedsteads high, because, with the bedding, the height is oftener over than under two feet, and a fall thence is fatal, beyond the power of medical aid, supposing it at hand. Cases similar to that of Mr. Rees are not rare, where the head has been found on the floor, with the face swelled, while the legs still remained in bed. When such persons travel, and cannot have a protective rail to their bedstead, they should either place chairs at the sides, or let the bed be made on the floor, and had such precautions been taken with respect to Mr. Rees, I have no doubt that he might now be alive. It was proved at the inquest that he and his friend White had, on the previous night, taken only three-quarters of a bottle of port between them, or about half a pint each, a quantity obviously too small to cause any injurious effects.

B.

London, Dec. 15, 1843.

LETTER FROM MR. RALEIGH ON THE REVIEW OF HIS WORK ON IDIOPATHIC DYSENTERY.

To the Editor of THE LANCET.

SIR,—On taking up No. 22 of THE LANCET for August, 1843, I observed in the index the notice of a "Review" of my essay on "Idiopathic Dysentery," and I naturally turned with some curiosity to the article. I was not a little surprised on perusal to find that, instead of the impartial and courteous exposition and canvass of my opinions, which I should have expected from THE LANCET, that the "review," as it is termed, consisted merely of a most erudite definition of the word "idiopathic," extracted from a dictionary, and a sweeping condemnation of the work, on the ground of its not coinciding with records to be found in the "History of British India," or the convenient Statistical Reports of Major Tulloch; or with, I presume, the notions of the *reviewer*. Be the writer whoever he may, however, I have the satisfaction to inform you, for his edification, that my work on "Idiopathic Dysentery" has not only been well received by my professional brethren in Bengal, but that, on the approval of the best informed medical men in Calcutta, and on that of the "Council of Education," it has been largely subscribed for by the Government, as a *class-book* for the students of the Calcutta Medical College, a circumstance which, I feel assured, you will concur with me in considering a proof of my opinions being held in fair estimation by the profession in this country, thereby rendering further controversy on my part quite unnecessary.

With respect to the reviewer's "Statistics of the Calcutta General Hospital," and his conclusions drawn therefrom, they are valueless. It is sufficient to say they are not derived from a direct legitimate source, and that their correctness is *denied* by the best authority. Your obedient servant,

WALTER RALEIGH,
Professor of Surgery, Calcutta Medical College.

Native Hospital, Calcutta,
Nov. 15, 1843.

*** We much regret our inability to publish the entire letter received from Mr. Raleigh. We feel, however, convinced that, on consideration, Mr. Raleigh will allow that the parts omitted were not fitted for publication. The questions put to us by Mr. Raleigh are answered in the notice to correspondents.

THE IMPOSTORS WHO ARE EXHIBITED IN PUBLIC BY THE PROFESSORS OF "MESMERISM."

To the Editor of THE LANCET.

SIR,—Phrenology has indicated the existence of an organ called "wonder," one of whose tendencies is to dwell on the mysterious. To the uncontrolled influence of this organ may credulity be traced; and in nine cases out of ten the believers in "specifics," and the other impossibilities which are rife, present a large development of wonder. Unhappily this organ is very large in society generally, and hence there has never been a quack, political, social, or medical, who has not had an army of followers. Men who are governed by this feeling *imagine* and

then believe; and let an "old-Parr-pill" or a "bread-pill" be administered, and they are ready to attest on oath that their cure was instant and complete.

But in no respect has the influence of "wonder" been more seen than in the prevailing quackery of the day—mesmerism. Thus, we hear men talk confidently of "magnetic fluids," for the existence of which there is no evidence, and which they themselves have never seen—we find men, learned men, if the F.R.S. attached to the name be any criterion, declaring that men can read with their stomach; and there are public lecturers who believe that their patients, after certain mysterious passes, can *see* their physical organisation, and describe the interior structure accurately. In fact, to them, the very impossibility is a sound reason for credence. From the extraordinary statements which mesmerists have made, some persons have been led to consider them as wilful deceivers. That there are many who have made it a trade, there is too much reason to believe. But the obvious infatuation of the leaders, and the private characters of many, preclude the supposition that they are actuated by sinister motives. Phrenology, however, presents the clue to their infatuation; for all the mesmerists with whom I am acquainted possess large organs of wonder.

It would be well if all who have investigated the subject would act as you acted in the case of the O'Keys, and publish the result of their inquiries. At present many are in a state of dubity, because they hear such staggering affirmations, and have no time to discover the deceptions practised by the patients. It is with the view of deciding the doubts of such persons that, with your permission, I cite a case of *proved* deception from the current number of the "Phrenological Journal:"—After referring to an Isabella ——, who has been *acting* in Scotland, and who had created the idea that she had been attempting to deceive, the writer thus proceeds,—"A medical gentleman present put the questions through the mesmeriser. Not one of the answers even approached correctness. When she succeeded it was clearly by chance, and nothing else; and all present were convinced she heard everything that was said in the room, although represented to be insensible to external impressions, except through the medium of the mesmeriser." This was subsequently tested, in reference to an experiment in which she obeyed all the movements of the mesmeriser, though blindfold. For "one of the gentlemen, speaking aloud, requested the mesmeriser to repeat this experiment, at the same time beckoning him not to make any movement. Accordingly, while the mesmeriser stood aloof, doing nothing whatever, the other gentleman gave the directions aloud, and Isabella, believing, no doubt, that the mesmeric passes were going on, moved her arm upwards and downwards to the right side and to the left, according as she heard the directions. A gentleman present facetiously remarked,—"Well, this is the most extraordinary and convincing fact we have yet witnessed," which was immediately followed by wonderfully increased motions of the arms. It was then proposed to make her describe some of the internal organs of the body, previously to which a medical gentleman explained, in her hearing, some parts of the brain, purposely describing the right side of that organ incorrectly, as if exhibiting something very different from the left side. Isabella was then questioned if she saw the brain, and what it was like, when she described it almost exactly as had been previously done in her hearing; describing, therefore, what she could not possibly see, because it did not exist, but what she had heard and supposed to be correct. So much for O'Key the second, Isabella ——!

A case like this decides at once the possibility—more, the probability—of deception. In connection with this, one fact should not be forgotten, that the patients selected are generally friends or dependants of the mesmerisers; for to hear of the manipulation of a man of science and character would be a phenomenon stronger than clairvoyance itself. I have recently had an opportunity of testing three or four of these cases, but the experiments invariably failed when a non-mesmerist *silently* suggested the experiments. I had once thought that a portion of the phenomena might be true, and the result of a strongly-excited imagination; but these experiments demonstrated that the patients were wilful, though artful, deceivers. To give mesmerism a fair trial, several friends were manipulated, some of whom were favourable to the "science" (as it is facetiously called); but there was no satisfactory results, for even sleep could not be induced. Having subsequently observed the heads of the mesmeric patients, I found the evidence of a low moral organisation and an acute intellect; in addition there were found large organs of imitation and *secretiveness*, the whole development, in short, evincing the capability of deception. And when to this is added the fact that the patients become heroes for a time, and that learned doctors, influenced by excited wonder, parade them as fit objects for hero-worship, is it strange that they should avail themselves of the facilities presented for so purse-filling a mode of deception? Of this, at least, we may feel assured, that quackery will never cease so long as it has admirers.

I am your's truly,

E. J. Hytche.

Brunswick-terrace, Islington,
Jan. 4, 1844.

*** We have over and over again de-

clined to occupy our pages with controversies on this subject, considering that the exposure which took place some years since in Bedford-square (an account of which will be found in THE LANCET, vol. 2, 1837-8, page 805), completely set at rest the question of deception. The facts stated in this communication induce us to vary, for once, from our regulation on the subject.

THE LANCET.

London, Saturday, January 27, 1844.

WE have more than once adverted to the influence exercised by THE SENSORIUM on the sensations and organic actions of various parts of the living body. The subject is replete with interest, and, if philosophically cultivated, would probably throw light on many phenomena, both of health and disease, of which we have at present no rational explanation, and which, therefore, have become involved in endless trains of false reasoning, and too frequently been pressed into the service of quackery, for the purposes of deception.

It has been overmuch the custom among persons who consider themselves to be sound-headed individuals, to refer all physical effects that are producible in the living system, by means which appear to be insufficient for the end, to the influence of "imagination." But this explains nothing, and is, in fact, worse than no explanation, since it represents the unknown cause of certain recognised phenomena, by a mere *word*, concerning the precise signification of which scarcely any two persons will be found to agree. The term "imagination" is too undefined even for the purposes of literary disquisition, and from the language of science it ought to be entirely discarded.

A very curious branch of inquiry into the effects of sensorial influence, is that which relates to alleged modifications of development in the fœtus, in consequence of impressions made on the mind of the mother. A letter from a correspondent in our last number inclines us to turn our attention for a moment to this question, which is, in truth, one of the many questions in medical science which have been arbitrarily settled, and therefore ought to be carefully reconsidered. That violent impressions on the mind of the mother may affect the health, or destroy the life, of the fœtus, is generally admitted. But the notion of a more intimate and definite relation between the state of the mother's sensorium, and the progress of the fœtal development, was extremely prevalent among the old physiologists, and was entertained, to a greater or less extent, even by the most distinguished medical inquirers of the eighteenth century. Again, the reality of such a relation has always been a current article of popular belief, and is so to this hour. How, then, has it happened that an hypothesis, once maintained by illustrious men, and still upheld by general opinion, has fallen into such complete contempt in the world of science, that the greater part of physiological writers pass it by as unworthy of notice? Has it been weighed in the balance of rigid observation and found wanting? No, there has never been anything like exact observation on the subject. It has been pushed aside, without examination, as an "obsolete superstition;" in other words, as something that does not conveniently square with the views of physiologists in the present day. Now, it is not in the smallest degree our intention to advocate this hypothesis, for we must profess ourselves full participators in the ignorance prevailing among scientific men as to its truth or falsehood. We contend, nevertheless, that a doctrine which may be true, and which, if true, must be of vast importance in physiology and medicine, should not be allowed to remain enveloped in a mist of scientific, or, rather, *un*scientific, incredulity, but should be brought into the open light of day, and examined by those improved methods of inquiry whereby we are now wont to test the truth of scientific hypotheses. Professor MULLER, who notices the subject more distinctly than is usual with the phy-

siological writers of the present day, denies "that ideas conceived in the mind of one "organised being, can be realised in the "structure of another individual." But we do not think that this is exactly the right way of putting the question. We would rather state it thus:—Admitting that there is no direct communication between the nervous system of the mother and that of the fœtus, is it possible for an impression made on the sensorium of the mother so to influence certain constituents of her own blood, as to produce, on the fœtal development, a change having some relation to the impression originally made on the sensorium of the mother? We may observe that such a notion, if calmly considered, loses much of the aspect of violent improbability which it at first presents, because there are facts connected with fœtal development not a whit less incomprehensible, which are universally allowed to be true. That the absorption of a drop of the male semen should so influence the whole constitution of the mother as to occasion the formation within her of a new being, having in one or many of its physical attributes the most striking resemblance to the father, with whom, during its intra-uterine existence, it has had no connection of any kind, whether nervous or vascular—this, we say, were it not of daily occurrence, would appear more incredible than that a given action excited in the brain of a woman, by an impression from without, should effect such changes in the constitution of her blood as should modify the development of this or that particular member or organ of a fœtus contained in her womb. It should be, moreover, remembered, that, for anything we know to the contrary, every organic particle contained in the blood may have its individual commission, and its special vital destination, and that a slight change in its vital endowments may render it incapable of attaining that destination. There is abundant proof that powerful impressions on the sensorium may immediately alter the constitution of the blood and the secretions; but it is also possible that they may influence some of the constituents of the vital fluid rather than others, and may unfit the constituents so influenced for one function more than for another function, and for one formative act rather than for another formative act.

On the whole, therefore, it appears to us that the notion of organic changes occurring in the fœtus, caused by, and bearing some definite relation to, sensorial impressions in the mother, although, *à priori*, improbable, is not necessarily absurd. It must be admitted that many striking individual cases have been recorded by able and trustworthy observers, which go directly to support this doctrine. It should not be forgotten, also, that the experienced Esquirol considers it to be a general fact that one of the species of congenital predisposition to insanity is referrible to the impression of terror on the mind of the mother when pregnant. On the other hand, Muller asserts that, although nearly all the monsters born in Prussia come under his observation, yet that a *new form* scarcely ever presents itself, but that the great mass consists of certain monstrosities which are *constantly repeated*, and belong to the great categories of *arrest of development*, *divided* or *cleft* parts, *defects*, coalescence of *lateral organs*, with deficiency of intervening parts, &c. He declares, moreover, that the mother is frequently stated to have received some strong mental impression during her pregnancy, while the monstrosity presents not the smallest resemblance to the object which occasioned the impression.

What benefit can be anticipated from speculating on this subject while such discrepancies exist as to the facts? The only way to settle the preliminaries of the question would be by adopting an exact and extensive numerical investigation, which would, in the present case, speedily open to us an ample field for the exercise of our reasoning powers in the explanation of extraordinary events, or, by demonstrating the non-existence of the latter, supersede the exhibition of much unnecessary ingenuity.

Last week we gave an account of a trial which has for the last fortnight enjoyed the privilege of attracting the attention both of the medical and non-medical public in Paris, and in which M. Gannal, the well-known embalmer, was the plaintiff, and M. Marchal, a young surgeon, the defendant. Those of our readers who have read the details into which we then entered will be pleased to learn that the result of the trial has been a signal triumph gained by the profession over the mercantile spirit of the age. The Paris judges have taken a high-minded and liberal view of the question brought before them. Estimating at its proper value the chivalrous conduct of M. Marchal, in thus exposing himself to the rigour of the law in order to uphold the dignity of the profession to which he belongs, they have discharged him from the suit, and condemned M. Gannal to the costs, which, no doubt, are pretty considerable.

The grounds on which the "Tribunal" has come to this decision are such as to testify to the very liberal spirit in which the investigation has been carried on. It refused even to consider the question of the mode of embalming adopted by M. Marchal, although M. Marchal himself had principally founded his defence on his having resorted to a method published two years before M. Gannal obtained his patent. The only point taken into consideration was, whether the human body could be assimilated to merchandise, and whether it was possible to take out a patent for any operation practised upon it. The Tribunal having answered in the negative each of these questions, the case was necessarily discharged.

Not only, therefore, has M. Marchal gained his cause, but his adversary's "patent for embalming" falls to the ground through the above verdict. This decision, it is to be hoped, will prove a lesson to all those who in the future may feel inclined, as the French Court termed it, "to make merchandise of the human body."

Principles of Medicine; comprising General Pathology and Therapeutics, and a brief general view of Etiology, Nosology, Semeiology, Diagnosis, and Prognosis. By Charles J. B. Williams, M.D., F.R.S., Professor of the Principles and Practice of Medicine in University College, &c. London: Churchill, 1843. 8vo, Pp. 750.

As an apology for the appearance of this publication the author thinks it may be stated as a fact, generally acknowledged, that there is at present no work which treats fully of general pathology and its application to practical medicine. He would, perhaps, have stated the matter more correctly had he said that there is no work of the kind in question which is well adapted for the student. In the "Outlines of Pathology and Practice of Medicine" by Dr. Alison, the pathological reasoning put forth under the designation of "Outlines," is of a character so subtle that it keeps the most vigorous intellect continually on the stretch to know what the author means.

Dr. Williams's work is, on the whole, well calculated to fulfil the ends for which it has been undertaken, and exhibits a comprehensive and accurate view of the present state of pathological theory, and its adaptations to practice, interspersed with some remarks creditable to the author's individual powers of observation.

The exordium consists of extracts from an introductory lecture on the principles and practice of medicine, delivered by Dr. Williams at University College, Oct. 1, 1842. To the matter of this introduction we take no exception; but we think that the manner of it would have been decidedly improved by the assimilation of its style to that of the rest of the book. Having briefly explained the subjects of his work, and defined disease to be "a changed condition or proportion of function or structure in one or more parts of the body," Dr. Williams proceeds to treat, in his first chapter, on "etiology," or the causes of disease, and has succeeded in rendering various obscure and intricate questions as intelligible as may be, to the mind of the student. In the consideration of "infectious causes" he seems rather favourably disposed towards the hypothesis of the origin of contagious diseases from animal ova and vegetable sporules,—a doctrine worthy of great attention, but of which the examination demands a very complete mastery of the instruments of research, and very cool and cautious habits of observing.

Chapter ii. is on pathology proper—"the nature and constitution of disease." Our author commences by observing that, as the anatomist and physiologist examines structure and functions by analysing them into their constituent parts, before he contemplates them in combination, so must the pathologist study the elements of disease before he can understand their combinations. In conformity with this view, which appears just and philosophical, Dr. Williams devotes a chapter to the primary or ultimate, and another to the secondary or proximate elements of disease. With respect to the first, or primary elements, he treats, in separate sections, of diseased irritability; diseased tonicity; diseased sensibility; diseased voluntary motion; diseased reflex and sympathetic nervous influence; diseased secretion; diseased conditions of the blood-corpuscles; of the fibrin and colourless globules of the same fluid; of the albumen and other principles of the serum; of the oil or fatty matter of the blood; of its saline matter, and of its aqueous matter; disorder affecting the changes caused in the blood by respiration, and by secretion; disorder affecting the changes in the blood from the transformation of chyle and of the textures; and morbid alterations in the properties of the blood from the presence of foreign matter. Dr. Williams's remarks on these subjects necessarily fall under the heads of morbid *increase*, *diminution*, and *alteration* of function or proportion, and the general therapeutic indications adapted to each state are succinctly and judiciously set forth. These inquiries involve a wide range of physiological and pathological disquisition, and the author evinces, by his manner of conducting them, a complete acquaintance with the present state of knowledge in both these departments of medical science.

Chapter iii. treats of the "secondary or proximate elements of disease, consisting of two or more primary elements." Dr. Williams's observations on the proximate elements of disease are confined principally to those affecting the circulation of the blood, which comprise, as primary elements, the blood and its constituents, and the moving and tonic fibre concerned in the distribution of the blood. The several sections of this chapter are devoted to general and partial anæmia; general hyperæmia or plethora; local hyperæmia, which is divided into that attended with diminished motion of the blood constituting congestion, and that attended with increased motion or determination of blood to the part. The sixth section is occupied with those results of hyperæmia which fall short of inflammation, and which are considered under the heads of hæmorrhage, flux, and dropsy. In the seventh section the subject of inflammation is fully and ably discussed, and, in accordance with the views of the most able recent inquirers, the state of inflammation is regarded as consisting in an increased motion of the blood in the vessels leading to the inflamed part, with a retarded motion or stagnation of that fluid in the capillaries of the part itself, which retarded motion is referred to a weak and inelastic state of the capillary vessels, but mainly to the production of an increased number of lymph-globules and their adhesion to the parietes of the vessels and to each other. Dr. Williams's own microscopical researches have contributed, among others, to the prevalence of this view of inflammation.

Chapter iv. is on "structural diseases, or diseases of nutrition," and their ultimate and proximate elements. To attempt anything like an analysis of this chapter, or, indeed, of any other portion of the work before us, would carry us far beyond our prescribed limits; suffice it therefore to say that Dr. Williams has combined, in a very judicious manner, the best ascertained facts in physiology, morbid anatomy, and animal chemistry, in a very useful survey of the processes and results of disordered nutrition.

Chapter v. is on "the classification, symptoms, and distinction of diseases." The brief remarks on "nosology," in the first section, are extremely good, both in a philosophical and practical point of view. The second section on "semeiology and diagnosis," though good as far as it goes, is meagre, and not commensurate with the other departments of the work. We may remark, in passing, that the word Συμπτωμα is made to come from συν and πτοω, instead of συν and πιπτω. This, however, is probably an error of the press, the word πτοω having no existence in the Greek language.

Chapter vi., which treats of prognosis and the various modes of death, is also comparatively speaking, very brief, and it must be acknowledged that any writer coming immediately after Alison on the latter of these subjects is not likely to shine. The seventh

chapter, on "prophylaxis and hygienics," concludes the work. It extends only to half a page, and the author states that want of time has prevented him from introducing here, as he had intended to do, "1, a brief review of the chief causes of disease, for the sake of pointing out the means of preventing their occurrence, or resisting their operation; and, 2, a short account of those circumstances which most promote the healthy condition in the several functions and structures of the body."

On the whole, this work reflects great credit on its author, and it may be fairly considered as better adapted for the student than any hitherto published on the same subject.

FOREIGN DEPARTMENT.

ANATOMICAL RESEARCHES ON THE EXCRETORY DUCTS OF THE LACHRYMAL GLAND.

M. Gosselin, prosector to the Faculty of Medicine, Paris, has recently been making some inquiries with a view to determine the exact number of the excretory ducts of the lachrymal gland, respecting which anatomists do not agree. Stenon, who first discovered them, in the calf, says there are thirteen or fourteen, but only represents eleven, in his plates of the eye. Most anatomical writers since Stenon, have stated that they are ten or twelve in number. Monro, however, who first saw them in the human eye, was only able to inject two.

M. Gosselin began by looking for the ducts in the sheep, in which animal they were discovered by Stenon. He found the orifices of two ducts, with ease, but although he examined the mucous surface with the greatest attention, he could never discover any other orifices. On introducing a small lymphatic injection-tube into the two foramina, he found that the mercury penetrated into every region of the lachrymal gland, without any other ducts becoming visible; and, therefore, concluded that the two he had injected were, in reality, the only ones which existed. As the same experiment, performed on the eye of another sheep, was attended with the same result, M. Gosselin thinks that, generally speaking, there are only two excretory canals to the lachrymal duct of the sheep, although more are said to exist by Stenon.

The lachrymal gland of an ox was next examined. In this animal the ducts are large and the foramina easily perceived, opening obliquely under the conjunctiva, in the same manner as the ureters in the bladder. Only five were discovered, and it was not found possible to inject them, owing probably, to the density of the glandular tissue of the organ in this animal.

M. Gosselin then turned his attention to the human eye, but found great difficulty in prosecuting his researches. The orifices of the ducts are so minute that it is scarcely possible to perceive them at first. When the mucous membrane is macerated, as anatomists direct, in coloured solutions, there are so many points coloured that it is impossible to look upon them all as foramina. By means of the minute glass tubes for lymphatic injections, after many attempts, M. Gosselin succeeded, however, in injecting the ducts and the lachrymal gland, but never found more than two ducts going directly to the gland, so as to render possible its injection by their means. The other ducts, six or eight in number, led to the small glandulæ, or prolongations of the orbital gland, which are known to anatomists under the name of "the palpebral portion of the lachrymal gland."

The plan he adopted to make these injections is as follows: The lachrymal gland was separated from the orbit, along with a certain portion of the superior palpebra. The eyelid being then spread over the indicator of the left hand, the mucous membrane was firmly stretched. A certain number of small points, situated on an oblique line, downwards and outwards, were then seen, below the reflexion of the conjunctiva. The smallest glass tube that could be made was introduced, with the greatest precaution, successively, into each of these foramina, and the mercury was allowed to flow during ten or fifteen minutes.

These researches have a practical result, says M. Gosselin. After several operations in which the lachrymal gland had been extirpated, it was remarked with surprise that the eye was still lubricated with the lachrymal fluid, and retained its humidity and polish. This circumstance was owing, no doubt, to the integrity of the palpebral glandulæ, which, having separate excretory ducts, continued to supply the eye with a sufficient quantity of the lachrymal fluid to perfectly lubricate its surface. It is therefore evident, that whenever it is necessary to extirpate the lachrymal gland, there need be no fear entertained with regard to the integrity of the functions of the eye, if the glandulæ of the superior palpebra remain intact.

OPEN ANUS IN CERTAIN FORMS OF FÆCAL INCONTINENCE.

In a case of severe sporadic dysentery, recently related by M. Bouchut (Jour. de Medicine), the anus remained permanently

open, and allowed the contents of the rectum to escape, without the patient being able to restrain their emission. This state of the anus he ascribes to weakness of the sphincter ani, and to predominance in the action of the levator ani, which is the dilator of the anus.

The paralysis of the sphincter ani in this case may be explained by a principle in pathology, on which great stress is laid by some continental pathologists, among whom we may mention M. Gendrin. According to this pathological law, whenever a mucous membrane is severely inflamed, the muscular fibres which are in contact with it become paralysed, as a necessary consequence of the propagation to them of the inflammation. Thus, when the mucous membrane of the larynx is inflamed, the muscular fibres of the vocal cords are paralysed, and aphony follows. The existence of the law may be illustrated by many other examples. In bronchitis, or inflammation of the bronchial mucous membrane, if the inflammation is intense, extreme dyspnœa follows, and as M. Gendrin very correctly remarks, all the symptoms of pulmonary emphysema ensue, owing, no doubt, to the paralysis of the muscular fibres of the bronchial tubes. In peritonitis the inflammation of the peritoneal covering of the intestinal canal extends to the muscular coat, completely paralyses it, and thus gives rise to constipation; as, also, the paralysed intestine no longer offers any resistance to the expansion of the gases it contains, tympanitis follows. In severe enteritis it is the inflammation of the mucous membrane which paralyses the muscular structure; but as the intestinal mucous membrane is separated from the muscular one by a fibro-cellular layer, the inflammation acts less intensely on the muscular fibres than in peritonitis, and unless it be very severe, diminishes, but does not abolish, its contractile power; thence it is that, generally speaking, in enteritis we have mere constipation, tympanitis only existing in the worst cases.

FATAL EXPLOSION OF A GRINDING-STONE.

The following curious circumstance lately occurred at Saint Jean de Losne (Soane et Loire). A knife-grinder had perforated a grinding-stone a little more than a foot in diameter, and placed it on an axis. Whilst he was leaning on the stone, rapidly put into motion, in order to sharpen a knife, it suddenly exploded, and the fragments striking the man on the face, killed him on the spot. These fragments were carefully collected, and found to be so friable as not to offer the slightest resistance to pressure, which reduced them at once to powder. On a former occasion, we gave an account of the accidents to which those who are grinding-stones are subject from the explosion of the stones. These explosions are, we think, to be attributed to the action of the wooden wedges with which the axis is often consolidated. They imbibe moisture, and their expansion is sufficiently powerful to break the grinding-stones. The correspondent who communicates to us the above fact seems to take a different view of the question. He asks, first, whether this explosion may not be an electrical phenomenon, and, as such, worthy of the attention of natural philosophers? Secondly, whether the friction of the axis on its supports may not have accumulated in the grinding-stone a charge of electric fluid, which explodes on the contact of the knife taking place?—*Annales d'Hygiène.*

MEDICAL SOCIETY OF LONDON.

Monday, Jan. 15, 1844.

Mr. Pilcher, President.

CASE OF INFLAMMATORY CROUP SUCCESSFULLY TREATED.

Dr. Golding Bird related the following case:—

George Coles, aged three years, admitted in the evening of Monday, Dec. 4, 1843, into Miriam ward, Guy's Hospital, under the care of the narrator.

A fine well-developed child, who had enjoyed good health previous to the present attack. For a week before his admission he had suffered from cerebral symptoms, which appeared not to have excited any alarm, and he remained in this state up to Saturday, December 2, when croupy respiration first appeared. His mother applied to a medical practitioner, who expressed his conviction of the child's danger, and on December 4 he was brought, in the evening, to the hospital, and placed in Dr. Bird's ward. When seen by Mr. Stocker the child was labouring under well-marked croup; face extremely flushed, fever intense, great dyspnœa, and loud croupy respiration. These symptoms had only made their appearance with severity since the morning. The child was placed in a hot bath. An ipecacuanha emetic was administered. Six leeches were applied to the throat, and the following medicines administered:—One grain of calomel and an eighth of a grain of tartarised antimony, every two hours.

5. Dr. Bird first saw him to-day; the child presented an appearance of extreme distress; threatened apparently with impending suffocation; the face and lips were livid, and nearly purple; the fingers and toes livid; skin very hot and dry; respiration hurried, and attended with so loud a noise that it was audible outside the ward; each inspiration was attended with a dull, almost metallic crowing noise, and each ex-

piration by a loud hissing sound; severe croupy cough came on in paroxysms every few minutes. The little fellow was perfectly sensible, was constantly tossing himself from side to side, with extreme restlessness, tossing his arms about, generally above his head. The slightest excitement increased the paroxysms of coughing in a most alarming manner. On auscultation, it was with difficulty respiratory murmur could be detected, on account of the small quantity of air entering and leaving the chest, as well as from the violent and noisy action of the heart, whose sounds were audible all over the chest. Over the larynx the croupy sounds were audible in an exaggerated manner when the stethoscope was placed over it. Percussion was universally loud; pulse above 120, and jerking. He had continued the antimony only for a few doses, the mercury alone having been persevered in. He was now ordered half a drachm of antimonial wine and ten minims of compound tincture of camphor, every second hour. He was also ordered a grain of calomel every second hour, in the intervals between the medicine. Flannels dipped in scalding hot water were ordered to be applied to the throat constantly.

Half-past four, p.m. Sickness had occurred slightly, and skin appeared moist, in other respects much the same; lividity of face extreme. As there appeared but little hope of saving this child, the question of tracheotomy was entertained, and ten o'clock, p.m., fixed for again seeing him. The ward was ordered to be kept heated, by an additional stove to 68°.

Ten, p.m. Croupy respiration, audible outside the ward-door, but the child appeared somewhat less distressed; the hissing expiration was louder. He had been repeatedly sick, and the skin was profusely perspiring. The bowels had acted freely. As there was less lividity of surface, and some amount of relief in the respiration, Dr. Bird declined sanctioning any operation, and ordered the medicines to be continued every three hours. To prevent the air of the ward becoming too dry a dish of water was placed on the top of the stove, near the child's bed. The temperature had been steadily kept up to nearly 70°.

6. Had passed a tolerable night, pretty constantly dozing; the crowing cough was much less frequent, had vomited repeatedly, and brought up some shreds of false membrane. The hissing expiration was louder, but the croupy inspiration not so audible as yesterday; surface less livid, and profusely sweating; bowels freely open; motions like chopped spinach. The medicine to be repeated every four hours. The hot fomentations to be continued.

7. Much improved; croupy noise on inspiration less distinct; inspiration still hissing; respiration more audible over the whole chest; skin still hot, and profusely sweating; countenance expressive of great relief. The medicines to be now taken every six hours.

From this date the child's progress was most satisfactory; it convalesced rapidly. The mercury was now discontinued, but the antimony was persevered in until all hissing expiration had ceased. The ward was not allowed to cool until the 8th. In the course of a week a grain of iodide of iron was ordered thrice a day.

Dr. Bird said this is a well-marked case of a disease which is certainly extremely unfrequent in London, for I think we cannot with any justice confound under the term croup the more frequent *laryngismus stridulus*, or the diptheritic affection of the throat, *cynanche membranacea*, of not unfrequent occurrence in children during the prevalence of epidemics of scarlatina. I am quite aware that a strong opinion has been expressed on this subject by a deservedly high authority, Dr. Copland, who has regarded the pathologic cause of true croup, laryngismus stridulus, and diptheritic cynanche, as identical. I must, however, confess that all I have seen has confirmed me in the opinion that these affections are all essentially distinct in their pathology, and no less so in their treatment. I cannot, in fact, conceive even any great amount of analogy to exist between the laryngismus stridulus and true croup. In the former disease we certainly often have no evidence of any pathological change occurring in the trachea; there is, generally, absence of all fever, and the child is often well, and capable of playing about between the paroxysms. Limiting my remarks to *true croup*, it is, according to my experience, a very rare disease in London, and I believe this is in accordance with the experience of others. The result of treatment has been too frequently unsatisfactory, probably on account of the patient applying for assistance late, or from the disease not having been distinctly made out in its earliest stages; for it is in this phase of the disease alone that any sanguine hope of success can be entertained. I place great reliance on the antimony, given in doses to keep up slight nausea for a long period. This appears to me to be of far greater service than any other remedy after local bleeding. In the majority of cases which have fallen under my care, and in which death has occurred, the sufferings of the little patient have been greatly aggravated by spasm of the glottis frequently coming on, and in two cases death appeared to be produced by this very cause, a piece of false membrane lying loose in the larynx having excited it. It was with this view that the opium was ordered in this case, and I attribute most of the relief experienced, and the child's ultimate recovery, to the use of the sedative, which, by diminishing the irritability of the affected organ,

lessened the cough, and shortened the paroxysms of spasmodic cough. The inhalation of hot moist air gave great relief, and was useful in preserving the temperature of the surface and in exciting diaphoresis, as well as in relieving the irritability of the fauces and larynx. Rare as this disease is, it, like others, often occurs in numbers at the same time. Three have fallen under my notice during December, viz., the case just related to the society occurring on the 4th, a second admitted into the clinical ward a fortnight after, under the care of Dr. Addison, and a third occurred to me, in private practice, in a child of three years old, in Islington. The two last cases were not very severe. The obstruction to respiration was much less audible than in the case I have related, and the effusion into the larynx and trachea was scarcely of a plastic character. In both cases emetics gave the most marked relief.

Dr. WILLSHIRE had only seen one case of true inflammatory croup for several years past. Not one case of the affection had presented itself at the Fore-street Dispensary, or the Infirmary for Children, since he had been connected with these institutions. He had observed acute pneumonia of late to be a very common complication with measles, and had found it best treated by the application of leeches to the chest, the administration of two grains of calomel, and the eighth of a grain of tartar emetic, every three hours, and the employment of ipecacuanha as an emetic.

Mr. HEADLAND had found croup to be a very rare disease. He regretted the employment of so many remedies in Dr. Bird's case, as we were at a loss to decide to which of the agents employed the good result was to be attributed. His own opinion was that the little patient would have done as well without the leeches, that the calomel was of little avail, and that the tartar-emetic and paregoric were the main instruments in effecting the cure. The hot fomentations had been also of advantage. He thought we gave calomel almost empirically in this case, and probably from its known good results in acute pneumonia, although the cases were by no means analogous. The specific action of the tartar-emetic, and the sedative influence of the opium in relieving the distressing spasmodic cough in croup were very marked.

Dr. BIRD had employed the remedies enumerated in his case with the view of giving his little patient the greatest chance of recovery from a proverbially fatal disease. He agreed in the main with the observations of the last speaker.

Mr. ROBARTS had found copious bloodletting by leeches the most serviceable of all modes of treating croup.

Mr. DENDY questioned the utility of the combination of calomel with tartar-emetic in that stage of the disease where lymph was poured out.

At the next meeting Mr. Dendy will relate a remarkable case of obscure abdominal tumour.

Monday, Jan. 22.

REMARKABLE CASE OF ABDOMINAL TUMOUR.

Mr. DENDY, after some comments on the acknowledged difficulty in the diagnosis of abdominal tumour, read a case, of which we give the following abstract:—

A gentleman, thirty-one years of age, previously in fair health, yet having suffered for a week under severe influenza, and for which he had taken large doses of the nitrate of potash, was suddenly attacked, on the 10th of October, by abdominal tumefaction of the right side, with but very slight concomitant uneasiness. The tumour increased so rapidly that within twenty hours from its perceptible commencement it reached from the margin of the ribs to Poupart's ligament, extending across the umbilicus, projecting into the loins, and resting on the crista of the left ilium. It was then insensible to pain on pressure, yet producing dyspnœa from its encroachment on the diaphragm, &c.

After a few days, during which there was complete constipation, neuralgic pain supervened, first in the lumbar plexus and afterwards in the sacral, and the nerves proceeding from them. This neuralgic pain became, in the course of the disease, occasionally so agonising as to produce extreme agitation, and subsequently stupor. The pulse and urinary secretion were nearly natural.

Enemata, repeated purgatives, and anodynes were administered. The bowels were not relieved for nearly ten days, and then for nearly a week longer the evacuations, even after enemata, though the elastic tube was introduced as far, at least, as the upper angle of the sigmoid flexure, were merely morbid grumous secretions of the intestine.

About the 30th of October the evacuations became more feculent, but mixed with numerous shreds of coagulated mucus, resembling grape-skins. Emaciation was now visible, and this progressively increased, notwithstanding a very fair proportion of nutrition was administered and retained, and various medicines were exhibited. Early in November colocynth and compound decoction of aloes succeeded, after a day or two, in producing more feculent motions. Still the tumour increased until the abdomen measured two feet six inches in circumference.

On November 20th pus began to flow with the urine in large quantity, and was attended by very perceptible diminution of the tumour; still emaciation continued until the end of November. From this period the patient gained flesh, and on the 6th of December, the urine having become almost natural, he was pronounced convalescent.

The interest excited regarding this case was increased by the circumstance of this being the second severe attack, marked by precisely the same symptoms; the first occurring four years since. He had, however, suffered under three other very transient attacks in early life, at almost regular periods, which speedily yielded to purgatives.

Many acute pathologists visited this gentleman in the course of the malady—their diagnoses differing considerably—the principal opinions referring to colic, impaction, congested spleen, melanotic, or even malignant growth, serous cysts attached to the peritoneum, or developed in submucous tissue, and suppuration of the kidney in its capsule.

The author analysed these and other notions suggested during attendance, referring to the absence of records of analogous cases in Morgagni, &c., and alluding to other cases recorded by Dr. James Johnson many years since, leaving the essential or primary nature of the disorder, whether consisting in pyelitis, with masked symptoms, or in cystic suppuration bursting into the collapsed capsule of the kidney, as well as the etiology of the case, especially with reference to the nitrate of potash, as an open question for discussion.

Dr. James Johnson had lived long enough in the world not to be ashamed to acknowledge an error. The result of the case under discussion proved that he had been wrong in suspecting it to be dependent upon disease of the spleen. He was now of opinion that the tumour had resulted from distention of the pelvis of the kidney; and he handed to the secretary an abstract of a case of renal suppurative dropsy which had come under his care some time since. The subject of this case was a woman, eight months advanced in pregnancy. She complained of violent pain in the right side of the abdomen, extending from the umbilicus round to the lumbar vertebræ, and from the floating ribs to the groin. She had fever, with scanty, highly-coloured urine. The abdomen appeared unusually large, and there was a distinct *sulcus* running from the scrobiculus cordis to the pubes, on each side of which the abdominal tumour rounded out as though there were two impregnated wombs. She reported that of late her urine was sometimes scanty, sometimes copious and white like milk. On the 10th of May she fell into labour, and next day was delivered of a living child. The right side of the abdomen remained as large as before delivery, presenting a considerable tumour, seven or eight inches in diameter, perfectly smooth on its surface, and giving the feel of fluctuation. Fever, colliquative diarrhœa, and constant micturition followed. On the 20th of May the nurse was surprised to find the bed, and even the floor of the room, covered with a milky fluid, which had escaped in the night, without the knowledge of the patient, who had slept soundly. The tumour was gone. Fever, however, and diarrhœa continued, and she sunk in a few days. After death a large cyst was found, which, on being opened, discharged about three pints of milky fluid. The whole internal surface of the bag was very vascular, and thickly studded with a kind of papillary bodies, varying in size from that of a pin's-head to a pea. The ureter, of enormous size in some places, was traced from the cyst into the bladder, in which last viscus there was about a pint of this milky or muco-purulent fluid. No part of the substance of the kidney, but only this great capsule, could be found. The cyst, on calculation, would probably contain about five or six quarts of fluid. She had had a similar attack in a former pregnancy, which subsided after delivery, on the supervention of the discharge of a large quantity of milky fluid. The post-mortem examination of this case was conducted very quickly, and under unfavourable circumstances. No stricture of the ureter could be detected, but he had little doubt that it really did, or had, existed, as this canal was in some parts as large as the aorta. Pregnancy had produced this stricture by pressure. He thought that there was a strong analogy between this case and the one related by Mr. Dendy.

Mr. Pilcher observed that when he saw Mr. Dendy's patient in the attack under which he laboured four years since, he had no doubt at the time that the tumour was intestinal; others agreed with him in this opinion, and hence he was induced to recommend the introduction of a long tube into the intestines. The second attack was of a similar character, and the same plan was recommended. He was probably led to form this opinion from having dissected a case attended by similar symptoms, and which was supposed to be disease of the kidney, chiefly from the circumstance of the urine containing pus on more than one occasion. On examination, all the urinary organs were found healthy. No marks whatever of a tumour could be detected; she had died of diarrhœa. In this case, he had no doubt that the tumour had consisted of a collection, probably of fluid, in the colon, and that the discharge of pus from the bladder was merely a coincidence.

In the second attack, in Mr. Dendy's case, it was considered that the tumour was situated, probably, in the ileum, and that as it became diminished by the discharge per anum, it became refilled by the secretion of fresh fluid. The discharge of large quantities of gelatinous matter somewhat favoured this conjecture, as this matter was supposed to be secreted by the mucous membrane of the intestines. Other circumstances in fa-

vour of this opinion were the sensation the patient experienced on the introduction of the pipe, of its having passed *behind* the tumour, the constipation previous to the attack, the subsequent discharges, and the severe neuralgia, which was evidently the result of the pressure exerted by the tumour. Dr. Bright had felt no doubt but that the first attack was a well-marked instance of suppuration of the kidney. It was certain that in proportion as the pus was secreted from the bladder, the tumour diminished in size; but it must be recollected that there was diarrhœa also, and it was difficult to say upon which discharge the diminution in the size of the tumour depended. Dr. Bright had been surprised at the occurrence of the second attack, as he supposed that the kidney had suppurated entirely away, but considered that the cyst which would have remained had become inflamed and suppurated. The opinion of the speaker was, that the cyst of the kidney had remained in a collapsed state after the subsidence of the first attack; but on the occurrence of a general disordered state of the health, or the determination of a large quantity of blood to the cyst, the disease had returned. The periodic nature of the attacks was a point of much interest; the first occurred at seven, the second at fourteen, the third at twenty-one, and the fourth at twenty-eight years of age; there had been an interval of only four years between this and the last attack. Cases similar to that of Mr. Dendy were of uncommon occurrence, except as the result of stricture, or some mechanical obstruction to the flow of urine, from which originated a collection of fluid in the pelvis of the kidney. It was possible that stricture might exist in Mr. Dendy's case, but he did not think that it did.

Dr. T. Thomson considered the disease, in Mr. Dendy's case, to have consisted of suppuration in one or more of the calyces, or of the entire pelvis, of the kidney. The cause was obscure. He related a case of a woman subject to diarrhœa, and who had a large tumour on the left side of the abdomen. Pus was found in the urine, and occasionally the triple-phosphate deposit. With the view of dissolving this, small doses of hydrochloric acid were administered, but were obliged to be discontinued in consequence of its severe action on the bowels. She was subject to severe pains, which were relieved by the administration of morphia. She lived two or three years, and after death the left kidney was found very much enlarged, and filled with pus. There was a triple-phosphate calculus impacted in the ureter of that side. Cases similar to Mr. Dendy's were usually the result of obstruction in the ureter; there was no evidence, however, of such an obstruction in this case. The long interval between the attacks favoured the opinion. In Mr. Dendy's case there was no deposit of triple phosphate in the urine.

Dr. L. Stewart related a case, in which the tumour, after death, was found to consist of an enlarged and thickened bladder.

Mr. Dendy, in answer to questions, stated that the patient whose case he had detailed, had, previous to the first attack of disease, taken a dram of nitrate of potash twice a-day; and two drams three times a-day previous to the last attack. This he did in opposition to his medical adviser.

Dr. Johnson considered this quantity sufficient to do mischief to the kidneys, and wondered it had not also seriously affected other organs. He had seen half-dram doses very injurious to the stomach.

Dr. Willshire suggested that the nitrate of potash had acted as a powerful stimulant in this case, producing inflammation, and consequent suppuration of the kidney.

Mr. Headland observed that the value of the case under discussion much depended on the advantage it afforded of diagnosticating any similar case should such be presented to our notice. He thought its whole history proved that the disease could not have been situated in the colon or the spleen, neither did he think it was at all proved that in the last case the kidney had suppurated. We had certainly no evidence of the presence of nephritis, in the usual sense of that term, the more prominent symptoms of that disease being absent. He was inclined, therefore, to think that there had been suppuration of the kidney in one of the former attacks, and that the cyst left after this disease had, in the last attack, become filled with fluid, not exactly pus, but an elimination from the blood. Did this arise from the administration of the nitre? We knew that in large doses this medicine was injurious, and did not act as a diuretic unless largely diluted with water. He therefore thought that in the present case the first effect of the medicine had been on the bowels, producing the peculiar evacuations which had been mentioned. It then appeared to have excited such an action on the cyst as to have caused an elimination from the blood to be secreted in it. There were no signs or symptoms of the formation of pus. If inflammation had existed to such an extent as it must have done to produce suppuration, the patient most likely would have succumbed.

WESTMINSTER MEDICAL SOCIETY.

Saturday, Jan. 20, 1843.

Mr. Fisher, President.

PARALYSIS OF THE PORTIO DURA IN AN INFANT.

Dr. Chowne detailed a case of paralysis of the portio dura, affecting the face in the usual way, under which a child had la-

boured as early as the tenth month of his age.

James Loft, of fair complexion, blue eyes, and light hair, was supposed by his mother to be more than usually backward in attempts to speak, and under these circumstances became Dr. Chowne's patient. The child at the time was twenty-two months old, and had eighteen teeth. The face was drawn a little to the left side; this was visible, although not in a strong degree, when the child was still, but when he smiled it became very visible, and while crying it amounted to a strong distortion. When the child was played with and laughed the face was also distorted; the angle of the mouth being drawn to one side, the upper lip on the same side was drawn a great deal up, leaving the mouth very much open on the left side, while it was nearly closed on the right.

When the child was unexcited and the face still, the eyes appeared nearly alike as to degree of openness; there was, however, generally, if not always, a greater accumulation of tears on the surface of the eye, and resting on the under lid of the right eye than on that of the left. When the finger was put near the eyelashes of the right eye the palpebræ closed partly but not quite, while those of the left closed perfectly at the same time without any other excitement than that applied to the right. When, however, the finger touched the eyelashes the palpebræ of the right eye also closed completely. During sleep the left eye was closed, the right partly open.

During both laughing and crying the right side of the face was particularly still, dull, and inexpressive, while the left was in full activity and animation. The child was intelligent and playful, and when played with and tickled, laughed heartily; at these times the contrast between the two sides of the face was remarkably striking and characteristic, one side was full of expression and mirth, while the other presented a sombre, dull, inanimate stillness, wholly devoid of participation in the mirth enjoyed by the child, and depicted in the merry side of his countenance. This appearance, even in so young a child, was very grotesque.

The mother had not noticed anything particular in the child until about ten months prior to Dr. Chowne's seeing it; that is to say, not until the child was ten months old. At that time the state of the face was pointed out to her by her [friends; not by friends, however, who had been in the habit of seeing the child. Those friends and acquaintances who, like the mother, had seen the child frequently, or almost constantly, had not noticed the peculiarity; hence it is not certain at what time the malady first existed.

The mother was not aware that the child had received any injury, neither had it had any illness which had even attracted her attention to the head, or ear, or face, particularly.

At the time the child was seen by Dr. Chowne alterative aperient medicines were prescribed, and all appearance of indisposition passed away, so far as the health was concerned, but the paralysis remained unaltered.

Dr. Chowne observed that paralysis of the portio dura was a very unusual affection in so young a subject. He was quite unable to decide upon the cause of the affection in this case. In answer to a question he said the labour in the case of this child was not a difficult one.

A discussion of some length followed between various members of the society, chiefly with reference to the pathology of cases of paralysis of the portio dura, in which various opinions were expressed, but none of them require to be separately detailed. It may be mentioned, however, that Dr. Reid had seen two cases of partial paralysis of this nerve consequent upon the application of the forceps to the child's head during labour.

BRITISH MEDICAL JOURNALS.

The last number of the "Edinburgh Medical and Surgical Journal" contains an analysis of the work of M. Chossat on "Inanition," from which we take the following graphic description of the sufferings which were endured by the subjects of that gentleman's experiments on starvation:—

"The general symptoms which attend starvation are the following:—The animals remain calm from the beginning of the experiment until the half of the period during which they live, or nearly the whole period, has expired. After that they become more or less agitated, and this state lasts so long as the animal heat keeps tolerably high. On the last day of their life the state of agitation ceases, and they fall into a state of stupor. If the animal be then left at liberty, it looks around it with an astonished air, without seeking to escape; sometimes it closes the eyes, as if asleep. This state of stupor is attended with a rapidly increasing weakness. It shakes when it stands, and seems giddy; the feet are cold and livid, and contracted like a ball, and scarcely permit of the animal standing solid on them. It then becomes unable to stand without support, or, if a bird, rests on its belly and wings; soon after it falls on its side and lies immoveable in any position it may fall into, and makes no efforts to rise. The respiration becomes more and more feeble and slow, the sensibility diminishes, the pupil of the eye dilates, and the animal

dies, sometimes tranquilly, sometimes after a few spasms or convulsive movements of the wings or opisthotonos of the body."

Having added to this a statement of the author that "the cerebral functions seem to remain entire until towards the end of life," we cannot help feeling that the volume presents evidence of the infliction of an amount of cruelty which could only be justified by an expectation of eliciting the most important results to mankind. The victims of those experiments amounted to upwards of one hundred; they consisted of pigeons, turtle-doves, guinea-pigs, rabbits, frogs, serpents, tortoises, &c. Some of these animals were totally deprived of food, others were allowed a quantity that was "far below the wants of the system," whilst a certain number had merely a supply of water given to them. The chief results arrived at were,

1. That, on the average, before death ensued, the weight of the animals was reduced four-tenths of what it had been when they were shut up to be starved. This result was the same whether life was prolonged by a limited supply of food or not. In fat or very young animals the loss was not quite so great as in others.

2. The average period necessary for the starvation of birds and mammalia was nine days; the maximum twenty-one days and a half, the minimum two days. Very young animals died soon; cold-blooded animals lived about twenty-three times as long again as the average of the warm-blooded.

3. The system which was subject to the greatest amount of loss was the muscular, including the heart, the nervous system being least affected.

4. M. Chossat dwells on the marked diminution of temperature which he finds to take place in starved animals, and he is inclined to "infer that the cessation of life is the consequence of the cooling of the body below what is sufficient for the purposes of life," a conclusion with which few will find it necessary to agree.

Such are the results (we have not omitted anything of importance contained in the analysis) which could induce a philosopher (?) to destroy, by a cruel and lingering death, more than one hundred living sentient creatures. We are not prone to indulge in morbid sensibilities, neither are we inclined to protest against experiments on animals, when they lead to useful consequences, or to those results which cannot be otherwise obtained; but no such justification can be pleaded on the present occasion. M. Chossat's painfully elaborate researches tell us nothing but what a few days observation of human suffering can reveal, where, unfortunately, we are too often compelled to witness the effects of not only a partial, but a total deprivation of food. The experiments were needlessly numerous, if but to show that the application of warmth is sufficient to restore, for a short time, expiring vitality. Had they been many times as numerous, they would fail to convince us that the "essential object of food is to maintain the animal temperature."

Taken from the same journal our readers will find, below, an analysis of a case of "Vascular Tumour in the Neck, simulating Aneurism," successfully treated by Dr. Kerr, of Aberdeen. *The diagnosis* of this tumour (as of many others in the same situation) was one of difficulty. In the first instance, owing to the impossibility of making a complete examination, it was supposed to be a case of aneurism connected with the arch of the aorta. The situation of the tumour we should have supposed to be sufficient to prevent such an opinion being long entertained.

A more careful examination led Dr. Kerr to the very rational conclusion that the case was one of carotid aneurism, and on the following grounds:—"The origin of the swelling near the angle of the jaw, its gradual enlargement and progress downwards, its pulsatile character, as also its size being affected by pressure on the carotid." These facts, together with the existence of the *bruit de soufflet*, left no doubt of the arterial connection of the tumour, and of the only means to be adopted for its cure. The treatment by ligature was most judicious, and equally applicable whether the communication was direct, forming carotid aneurism, or indirect, as it subsequently proved to be. The details do not call for further remarks here. The communication is one of interest, and creditable to the physician who has made it:—

VASCULAR TUMOUR, SIMULATING ANEURISM, FOR WHICH THE CAROTID ARTERY WAS TIED.—On the 25th of January, 1840, Dr. Kerr was requested to visit a spare and delicate-looking woman, in her sixty-seventh year. She had, on the right side of the neck, a large circumscribed tumour, pulsating strongly, and extending nearly from the angle of the jaw to the sternum and clavicle. The tumour felt firm to the touch, and communicated a distinct pulsation, increased or diminished under the influence of the heart's action. There was likewise a feeling of a distending force propagated from the centre to the circumference. At the lower part of the swelling mortification had made considerable progress, and arterial blood was occasionally oozing from the sloughing portion. The gangrene had commenced some months previously by several small dark-coloured spots, which had now run into a slough equal in extent to the size of half-a-

crown. The slough had also penetrated to nearly an inch in depth. Under these circumstances he very judiciously prescribed rest and abstinence, and such medicines as were calculated to diminish the action of the vascular system, and by means of lint dipped in starch endeavoured to form an artificial covering to that part of the tumour destroyed by sloughing.

In eight or ten days, under the treatment mentioned, the bleeding altogether ceased, and before the middle of February the dead parts separated, and in less than a month from first seeing the case the sore was cicatrised. The treatment also produced a temporary diminution in the size of the tumour and a slight alleviation of the symptoms arising from pressure on the trachea and œsophagus.

The danger of immediate hæmorrhage being now past, the swelling was more freely examined. The trunk of the carotid could be traced winding round the outer and posterior part of the tumour, and on pressing this vessel below its bifurcation against the swelling, the pulsation in the latter could be completely stopped, and, on removing the pressure, the pulsation and distention immediately returned. The patient stated that, about thirty years previous, a small swelling, about the size of a pea, had appeared near the angle of the jaw after a violent fit of coughing, and that it preserved its original size for eight or ten years. It then began to increase in size, in consequence, probably, of her having frequently to make such exertions as were calculated to excite the action of the vascular system, and by slow degrees it had acquired its present magnitude. The *bruit de soufflet* heard on applying the stethoscope seemed distinctly to point out the situation of the opening leading from the artery, and it may also be stated that the thrilling sensation so common in aneurism was very strongly marked on the cardiac side of the communication. The consideration of these symptoms led to a perseverance in the treatment hitherto beneficial; but the patient could not be persuaded to carry it to the necessary extent, and the symptoms becoming again aggravated, the operation of tying the common carotid artery was resolved on, and performed on the 30th of April.

The short description given of the extent and situation of the tumour shows that to secure the vessel at the usual place, below the omo-hyoid muscle, was utterly impracticable, as it was concealed by the tumour, which rested on and partly overhung the sternum and clavicle, to which it seemed to have contracted adhesions. The vessel, however, was accessible at the upper part of its course, as it passed along the outer and posterior surface of the tumour, being in this situation displaced backwards from underneath the sterno-cleido-mastoid, and covered only by the integuments, platysma, and cervical fascia. *The operation* was performed by pinching up a fold of the integuments in a transverse direction and transfixing it with the knife, which was made to cut its way outward, the wound being enlarged upon a director to the requisite extent. The integuments, platysma, and cervical fascia, with their thickened cellular connections, being divided, the *descendens noni* came into view, two of the branches of which appeared much larger than usual, and were divided, as an attempt to draw them to the tracheal side of the wound produced intense suffering. The only difficulty encountered in this part of the operation arose from the hæmorrhage that took place and obscured the view, proceeding partly from small arteries, but chiefly from a large transverse branch of the external jugular vein, which was divided, and threw out blood so profusely as to require a ligature. The wound being cleared of blood, the sheath of the vessel was pinched up and opened. The internal jugular vein was found, not in its natural situation, on the outer side of the artery, but almost directly behind it. The ligature being passed from the outside of the vessel, was tightened upon the artery, and the pulsation in the tumour immediately ceased.

For six or seven hours after the operation the right side of the face was cold, but in the evening of the day of the operation it had acquired its natural temperature.

On the day after the operation there was a very indistinct pulsation in the tumour, but this gradually died away. The wound gradually united, partly by adhesion and partly by granulation; the ligature came away on the 25th day, and by this time the tumour had greatly diminished in size. The cough and difficulty of respiration entirely disappeared. About four months after the application of the ligature, that part of the unattached circumference of the tumour to which a measure could be applied was found to be, in the longitudinal direction, five inches, and in the transverse four inches. Before the operation these dimensions were found to be, respectively, nine inches and seven.

Nine months after the operation the patient died of pneumonia, and thus an opportunity of examining the tumour was afforded. On carefully dissecting it out along with the carotid artery, from its origin to its primary division, including a short portion of the external and internal carotids, it appeared that the vessel, at the point where the ligature was applied, had undergone the usual process of obliteration. There was no vestige, however, of a rupture of the artery nor of lamellated coagula, the usual appearances to be found in aneurism. But one large branch from the external carotid was discovered leading into the tumour, and from this branch alone it appeared to have

derived its whole supply. The tumour itself seemed to be made up chiefly of cellular tissue and vessels, which were loaded with blood.

NEWS OF THE WEEK.

THE deaths in the metropolis for the week ending January 13th, 1844, show a decrease of 4, as compared with those of the previous week, the number being 929 (*vice* 933). The deaths are classed under the following heads:—

Diseases of the lungs &c.	332—*v.* 285
Epidemic and contagious dis...	189—*v.* 176
Dis. of the nervous system....	134—*v.* 168
Cancer, dropsy, and diseases of uncertain seat	96—*v.* 108
Old age.....	62—*v.* 54
Diseases of the liver, stomach, and other digestive organs ..	57—*v.* 56
Diseases of the heart and blood-vessels	29—*v.* 25
Violence, privation, intemperance	10—*v.* 19
Childbirth, disease of uterus..	5—*v.* 8
Disease of kidneys, &c.....	3—*v.* 9
Rheumatic disease of bones, &c.	3—*v.* 5
Diseases of the skin and cellular tissue	3—*v.* 2
Causes not specified	6—*v.* 18
Total.....	929

THE retirement of Dr. Conolly, resident superintending physician to Hanwell Lunatic Asylum, will not deprive that institution entirely of his valuable services, as it appears an engagement has been entered into by the committee, which will enable it still to retain the advantage of his professional assistance and advice on particular days in the week.—*Times.*

ROYAL COLLEGE OF SURGEONS OF ENGLAND.

LIST of gentlemen admitted members on Friday, Jan. 19, 1844:—J. M. Howell, G. R. Nuttall, F. Harvey, E. Le Clerc, C. G. Read, G. M. Tracy.

APOTHECARIES' HALL, LONDON.

NAMES of gentlemen who received certificates of qualification to practise as apothecaries on Thursday, January 18, 1844:—Henry Willats, Reading, Berks; Lord Huntley; David Graham Niven, Pershore, Worcestershire.

CORRESPONDENTS.

Castigator.—We are delighted to recognise a return of the active "signs of life" in one of the earliest and most vigorous and caustic of our critical friends. Is he sure that he is not bestowing his time on an utterly worthless and powerless object? The penny-a-liner is making a last desperate effort to avoid the monster in *Whitecross-street*; but into the jaws of that devourer of unclean reptiles he *must* go.

Sir,—Can you inform *A Beginner in Chemistry* what is the expense of attending a class with Liebig, at Giessen, and what is the best period to begin there?—*** The fee for the season in Liebig's laboratory is 6*l.* 10*s.*, besides the expense of apparatus and materials, to which must be added the cost of living, and travelling to Giessen. The company of beginners is not acceptable there. Before going to Giessen persons should qualify themselves by obtaining a thorough book-knowledge of the science, and have had some little practice with apparatus, and even then they must not suppose that they can obtain places in the laboratory as a matter of course. Great numbers of applications for such places are obliged to be refused.

An Inhabitant of the Parish of St. Margaret's, Westminster.—The extreme suddenness of the death demanded an inquest. The Act does not justify the coroner in exercising any discretion in the case, after he has received due notice of the death. The operation of the law ought to be imperative. Were it not so, the door would be opened to a wide range of favouritism and corruption. Since receiving the letter of our correspondent, we find that the coroner has held an inquest in the case.

M. R. C. S. will not do wrong to charge the fee on both injuries; but if the auditors of his account dispute the payment, we would not advise him to litigate the claim.

Dr. Evans's paper is safe, and shall be published in one of the first numbers of the new volume, or sooner if he wishes.

In answer to the questions of a *Non-Medical Reader*, we have to state that no *real* preventive of the venereal disease has yet been discovered. It has frequently been asserted that infection might be prevented by the local use of various styptic washes, but none of them deserve any confidence. Neither copaiba, nor any other medicine, taken internally, has the power to prevent contagion.

C. B. R.—The address is 43, Sackville-street.

Dr. Chambers, of Colchester, is requested to forward to us the remainder of his paper on chronic pleurisy, in order that we may examine it as a whole.

One or both of the cases received from *Mr. Leigh* last week shall be published shortly; those received this week are of rather too desultory a character for publication.

We entreat that our clever friend *Veritas* will appease his wrath for awhile. The letter of our correspondent proves that the paper *did* contain something worthy of notice; but if he supposes that it was in-

serted because we concurred with the writer in his grossly absurd views on the subject, *Veritas* is much deceived, as he will discover, at no distant period. A journal which contains the news of the medical world must, necessarily, exhibit many objectionable opinions, both in theory and practice, and its columns cannot, probably, sometimes, be more usefully employed than in allowing "quacks" and "impostors" to record their own confessions of guilt, showing, at the same time, how destitute of judgment, or even the smallest share of common sense, is a considerable portion of that enlightened public on whom scientific, honourable, and high-minded medical practitioners are called upon to exercise their professional skill. We say, then, to our friend *Veritas*,—Wait awhile. Meantime we would ask of him how evils and errors are to be eradicated and refuted if they be not known. An efficient exposure of them, in the first instance, "without prejudice," is half the battle. Experience has rendered this truth a maxim. We shall publish the letter of *Veritas* at the proper time.

QUESTIONS IN MEDICAL LAW.—In vol. i., 1843, of THE LANCET, there is a good exposition of the privileges of a member of the College of Physicians, *extra* and *intra-urbem*, but I have never yet known a person who could inform me what were the *rights* or *unpunishable customs* of a member of the College of Surgeons, or of a licentiate of Apothecaries' Hall. Will you, therefore, obligingly favour me with an answer to the following questions among your replies to correspondents. Your obedient servant,—W. R.:—

1. Can a mere member of the College of Surgeons practise *medicine as a physician*, *i. e.*, write prescriptions and receive a consultation fee in medical cases, as well as surgical?—*Answer*: He can.

2. Can a member of the College of Surgeons, he being also a licentiate of Apothecaries' Hall, practise medicine in London *as a physician does*, *i. e.*, write his prescriptions as a *fee practitioner*, but neither dispensing nor supplying medicine?—*Answer*: He can, if sick persons furnish him with the opportunities.

3. Is he necessitated to make the supply of medicine to his patient a *distinguishing mark* between his calling as an apothecary and that of a physician, charging for medicine being made his means of remuneration?—*Answer*: He is not under the necessity, by law, of supplying any medicines to his patients; but, when he *does* supply them in medical cases, and also visits and prescribes for the patients, then, in law, the practitioner acts as an apothecary.

4. Although a surgeon and apothecary (a general practitioner) may generally supply medicine, is there any *legal objection* to his practising as a fee practitioner, and writing his prescription without supplying medicine?—*Answer*: We say, again, certainly not, if he can find the opportunities.

We have perused with pleasure the elegant and classical paper of *Mr. Ryan*, on "spermatorrhœa," and regret that it has come so "late in the day." We have devoted twenty-eight pages to this subject within the last few months. Our table is literally covered with communications on other questions. Any additional papers on the subject of "spermatorrhœa," to be deemed worthy of publication, ought to contain statements of facts in direct connection with *pathology*.

Medicus (Preston).—Have the poor-law commissioners expressed any opinion on the propriety of the change which the guardians have made? Could our correspondent furnish us with a local newspaper which contains an account of the proceedings of the guardians? There cannot be a doubt that the change originated in an attempt to perpetrate a job. The scheme is palpably dishonest, and must end in the destruction of many of the poor.

A Country Surgeon.—The "puff" was one of the most disgusting that was ever penned. The surgeon whose name was so offensively obtruded on the notice of the public, has denied, in the most positive manner, that he was connected, directly or indirectly, with the publication of the puffing paragraph. The reputation of country surgeons rests upon too solid a foundation to be injured by the puny efforts of such a ridiculous scribbler as the author of the calumnious article which our correspondent has forwarded to us.

The letter of *Medicus*, on fees to practitioners from assurance companies, will be inserted next week.

Mr. A. Briggs.—The widow who has engaged the assistant whom our correspondent has described, would not, at law, be enabled to recover any debts which might be contracted under the engagement which he has specified. Speaking legally, we may say that her accounts would consist of mere blank pages. The Company of Apothecaries can apply the remedy. We shall be glad if *Mr. Briggs* would send to us a copy of the circular.

The letter of *Londinensis* shall be published. The subject on which our correspondent has written is constantly engaging our attention, but the time for writing with full effect upon it has not, in our opinion, arrived. We shall watch for the opportunity, and, when it occurs, the favourable chance shall not be thrown away.

The paper of *Dr. Marshall Hall* will be inserted next week.

Communications have been received from *Mr. Ross* (fourth paper), *Mr. J. H. Horne*, *Mr. J. Craig*, *Mr. Holt Yates*. *Bellex*, and *P. E. Syringe*.